## State of Oregon

## Department of Environmental Quality

## Memorandum

Date:	Feb. 26, 2013
To:	Environmental Quality Commission
From:	Joni Hammond, Deputy Director
Subject:	Agenda item H, Action item: Director's transactions for commission review March 20-21, 2013, EQC meeting
Why this is important	Oregon Accounting Policy 10.90.00.PO and DEQ Policy 010.008.2010 require that the Oregon Environmental Quality Commission review and approve annually many of the DEQ director's financial transactions.
Background	In 2001, the Department of Administrative Services adopted a policy requiring EQC review and approval of certain transactions of the DEQ director, including monthly time reports, vacation pay, travel expense and the small purchase order transaction system credit card use. In September 2001, the commission adopted a policy delegating review and approval of these transactions to the Management Services Division administrator, with annual EQC review of the approved transactions. The annual review is documented in EQC meeting minutes as directed by state policy.
DEQ recommendation and commission motion	and accept the BEQ an ector 5 approved transactions seem in attachment c.
Attachments	<ul> <li>A. Oregon Accounting Manual Policy Number 10.90.00.PO</li> <li>B. DEQ policy regarding approval of the director's transactions</li> <li>C. Summary of Director Pedersen's financial transactions as defined by OAM 10.90.00.PO for the period Jan. 1 through Dec. 31, 2012.</li> </ul>
	Approved:
	Division:

Report prepared by: Kathy Murphy

Section:

OREG	ON ACCOUN	ITING MANUAL	Number 10.90.00.PO
Oregon Dep Administrativ State Contro		Policy	Effective Date July 16, 2001
Chapter	Internal Control		.1 OF .3
Part	Approval of Agenc	y Head Transactions	
Section			Approval
			Signature on file at SCD

#### **Accountability and Control Standards**

.101 This policy sets accountability and control standards for the determination and delegation of review and approval authority for the agency head's monthly time report, requests for vacation payoff, use of exceptional performance leave, travel expense reimbursement claims, and Small Purchase Order Transaction System (SPOTS) card purchases. This policy is intended to ensure that these transactions are reviewed for completeness and accuracy and that they are in conformance with and measured against the documentation and compliance standards provided herein. In the case of agency heads that are elected, this policy may be applied at the option of that elected official.

### **Establishing Review and Approval Authority**

.102 Agency heads appointed by the Governor shall delegate review and approval authority for agency head financial transactions to the chief financial officer or to the person who holds the position of second-in-command to the agency head. The delegation shall be in writing.

Agency heads appointed by or reporting to a board or commission shall work with that body to create a review and approval structure for financial transactions of the agency head. The board or commission may delegate the review and approval authority, by direct designation or motion, in writing, to the board or commission chair or ranking officer. Or, the board or commission may delegate to the agency second-in-command, chief financial officer, or may choose to retain an active role in the approval process. Boards and commissions choosing to take an active role in the review and approvals process must make the review and approvals of financial transactions a part of their regular meetings and document them in the minutes.

Boards and commissions delegating the review and approval process must at least annually review the financial transactions of the agency head approved as delegated. These post transaction reviews and approvals must be documented in the minutes of the board or commission annual meeting.

#### Requirement for Internal Procedure and Review

- .103 This policy requires agencies to develop internal procedures for the review and approval of the following agency head transactions:
  - (a) Time reporting: Review and approve the agency head's monthly report of sick leave, vacation, holiday or other leave hours used. Review for completeness and accuracy and to ensure that all time that has been taken has been reported. Ensure that leave hours comply with HRSD 60.000.01 Sick Leave, 60.000.05 Vacation Leave, 60.010.01 Holidays, 60.000.15 Family Medical Leave, 60.005.01 Leave Without Pay and 60.000.10

Special Leaves with Pay. Time reporting (leave usage) must be documented using either paper or electronic timekeeping methods. The documentation must show that the time reports have been reviewed and approved by the appropriate authority, which, in the case of a board or commission, may be the ranking officer of the board. Note: Heads of agencies are classified as exempt from the Fair Labor Standards Act (FLSA) and as such should not be required to report actual hours worked. The time reporting review is intended to focus only on hours related to the categories defined above. The documentation must provide evidence for an audit trail and must be maintained by the agency for the prescribed IRS retention schedule for time records of three years and one quarter as well as the current record retention standards per Secretary of State, Archives Division.

- (b) Travel expense reimbursements: Review and approve all travel claims submitted by the agency head, whether for in-state or out-of-state travel. Ensure compliance with DAS Travel Rules OAM 40.10.00 as well as OAM 10.40.00, Expenditures. The review and approval of travel transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.
- (c) Exceptional Performance Leave: This leave shall be granted to agency heads using the criteria set forth in HRSD 60,000.10 "Special Leaves With Pay". For agency heads appointed by the Governor, this leave shall only be granted by the Governor or by the Director of the Department of Administrative Services on behalf of the Governor. For agency heads reporting to a board or commission, this leave shall be granted by that body or by the board or commission chair and documented in the minutes of the board or commission. The review and approval responsibility is to ensure that the Exceptional Performance leave was granted based on appropriate criteria and authority and is in compliance with HRSD policy 60,000,10. The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed. The documentation must clearly demonstrate the criteria upon which the leave was granted. The documentation must include copies of the written request and approval granting the leave and copies of the board or commission minutes, if applicable. The documentation must be retained according to the current record retention standards per Secretary of State. Archives Division.
- (d) Vacation Payoff: Review and approve ensuring compliance with HRSD policy 60 000.05 "Vacation Leave". The review and approval of these transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with HRSD 60.000.05. That review must clearly demonstrate that the vacation payoff was approved in accordance with Section (6)(b) of that policy which mandates that a vacation payoff is only granted when taking vacation leave is not appropriate. Copies of the written request and approval granting the vacation payoff and copies of the board or commission minutes, if applicable, must be part of the documentation for these transactions.
- (e) Use of the Small Purchase Order Transaction System (SPOTS) purchase card: Review purchases to ensure that they are appropriate expenditures that further the business of the state and the mission of the agency and that the use of the SPOTS card complies with OAM 55.30.00. The review must be conducted by someone other than the person whose name appears on the card. The review and approval of transactions must be documented to provide an audit trail and evidence that the review complies with and was conducted in accordance with the prevailing state policies as listed.

The documentation for all of the above should be retained according to the current record retention standards per Secretary of State, Archives Division.

Attachment A March 20-21, 2013, EQC meeting Page 3 of 3

#### Fiscal Officer Responsibility

.104 Agency fiscal officers processing these financial transactions for the agency head have a duty to pre-audit and verify that the transactions comply with this policy.

#### Seeking Guidance from Chief Financial Office

.105 For the purposes of this policy, those persons delegated to review and approve financial transactions for state agency heads have a duty to comply with the provisions of this policy. Any agency head requests to deviate from this policy must be approved by the Chief Financial Officer. Those persons delegated review and approval authority that have reservations or questions about an agency head financial transaction may seek guidance from the Chief Financial Office.

#### Transactions Subject to Audit

.106 All financial transactions of state agency heads are subject to periodic audit by the Secretary of State Audits Division.

## **DEQ Policy**

History

## **Approval of Director's Transactions**

Next Scheduled Revision Date: 2015
Title:
MSD Administrator



Intent/Purpose/ Statement of Need	To set accountability and control standards for the review and approval of the DEQ director's financial transactions.
Authority	Oregon Accounting Manual 10.09.00.PO
Applicability	DEQ director, MSD administrator, Environmental Quality Commission members
POLICY	
MSD administrator review	As delegated by the Environmental Quality Commission, the Management Services Division administrator will review and approve the director's:
	Monthly time reports
	Requests for vacation payoff
	Use of exceptional performance leaves
	Travel expense reimbursement claims
	Small Purchase Order Transaction System (SPOTS) card purchases
	This review will be performed in accordance with OAM 10.90,00.PO.
EQC review	Annual, at the time of the director's evaluation, the Environmental Quality Commission will review the transactions approved as delegated. These post transaction reviews and approvals will be documented in EQC meeting minutes.

Updated formatting: January 11, 2010

# Attachment C March 20-21, 2013, EQC meeting Page 1 of 49 Summary of Director's Financial Transactions as defined by OAM 10.90.00.PO 1/1/12 - 12/31/12 DICK PEDERSEN

#### **TIME REPORTING**

## Summary of leave taken:

Exceptional Performance Leave	0 hours
Governor's Leave	8 hours
Holiday	72 hours
Personal Business	24 hours
Sick Leave	3 hours
Vacation	220 hours
Furlough	64 hours
Comp Time	0 hours
Miscellaneous Paid Leave	0 hours

**VACATION LEAVE PAYOFF: None** 

USE OF SMALL PURCHASE ORDER TRANSACTION SYSTEM (SPOTS) PURCHASING CARD: None

### TRAVEL EXPENSE REIMBURSEMENTS

Date	Destination	Reason for Travel	Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
1/4 - 1/5/12	Seattle	Attended the Pacific Northwest Director's Meeting.	\$308.35	\$0.00	\$308.35
2/28/12 & 3/15 - 3/16/12	Corvallis Hermiston	Spoke at OSU. Attended a function celebrating the Umatilla Chemical Weapons Stockpile End.	\$136.93	\$0.00	\$136.93
3/18 - 3/21/12	Austin, TX	Attended the Environmental Council of the States' Spring Meeting.  * This amount includes the \$1,381.70 reimbursement from ECOS and a \$35.50 reimbursement from Dick Pedersen.	\$1,417.20	\$1,417.20 *	\$0.00
4/10 - 4/11/12	Medford	Visited with Klamath Tribes and Lake County Commissioners; toured various sites in southern Oregon.	\$466.88	\$0.00	\$466.88

## DICK PEDERSEN

TRAVEL EXPE	NSE REIMBURSEME	ENTS Reason for Travel	Total Cost	Amount Reimbursed by Outside Party	Net Cost to DEQ
4/25 - 4/27/12	Newport	EQC Meeting	\$241.64	\$0.00	\$241.64
5/2 - 5/11/12	La Grande, Ontario & Pendleton	Met with office staff, legislators & various community representatives. Went on field trips & tours.	\$1,097.25	\$0.00	\$1,097.25
5/15 - 5/16/12	Long Beach, CA	Attended the Clean Pacific Conference; participated in the Conference & the Executive Session.	\$485.43	\$0.00	\$485.43
6/4 - 6/9/12	Washington DC	Attended the Environmental Council of the States STEP Conference. * This amount includes \$1,374.76 for trip to Washington DC & \$2.25 for parking in Vancouver, WA, on 6/1/12 for a Lower Columbia River Estuary Partnership mtg.	\$1,377.01 *	\$0.00	\$1,377.01
6/28 - 6/29/12	Pendleton	Spoke at the Oregon Cattlemen Conference.	\$419.51	\$0.00	\$419.51
7/16 - 7/17/12	Arlington, VA	Spoke at the EPA's Annual Budget Forum.	\$292.40	\$292.40	\$0.00
7/18 - 7/27/12	Astoria & north coast; Lincoln county; Bend	Attended meetings with Senator Johnson; met with various city officials & community people in the Astoria area. Visited many restoration sites in the Tillamook area. Spoke to the Bend office staff about the budget and legislation; spoke at the Assn of Clean Water Conference; met with various city officials.	\$982.25	\$0.00	\$982.25
8/5 - 8/7/12	Medford & Coos Bay	Spoke to the Medford, Coos Bay, & Eugene offices about the budget & legislation.	\$305.16	\$0.00	\$305.16
8/26 - 8/29/12	Colorado Springs CO	Attended the Environmental Council of the States Annual Mtg.	\$1,134.44	\$1,134.44	\$0.00

# DICK PEDERSEN

TRAVEL EXPEN	SE REIMBURSEM	ENTS	Total	Amount Reimbursed by Outside	Net Cost
Date	Destination	Reason for Travel	Cost	<u>Party</u>	to DEQ
10/8 - 10/9/12	Bend	Attended and participated on a panel at the Oregon Forest Industries Conference. Spoke to the Bend office staff about current issues and topics.	\$126.93	\$0.00	\$126.93
10/24 - 10/26/12	Bend	EQC Meeting; town hall type of meeting the evening of the 24th	\$287.30	\$0.00	\$287.30
11/6 - 11/10/12	Medford	Visited the Medford office; went on field tours; met with Rep. Buckey, Sen. Bates, & Rep. Esquival.	\$590.00	\$0.00	\$590.00
11/19 - 11/20/12	Seattle	Attended the Pacific Northwest Director's Meeting.	\$406.62	\$0.00	\$406.62
11/27 - 11/30/12	North Bend	Attended the Annual Tribal Summit.	\$364.48	\$0.00	\$364.48
12/7 - 12/8/12	Bend	Gave a presentation to the Cattlemen Association Conference.	\$176.8 <u>2</u>	\$0.00	\$176.82
-		TOTAL:	\$10,616.60	\$2,844.04	\$7,772.56

SCHED AA7	ttacickies a spirit	20-2 4 of	1, 49 DATE-DAY	PAY REG LWOP GO		HO 16	ers med	RG DE	ОН	CTS		VA	n d	CTL	PB		LA	רס		ОТ	НР	SDE	СТА				PRELIM FINAL
<u>-</u>	%	1	8	7							ļ								٠.			<u> </u>					FORECAST
ស្គី ស			8	2																	<u> </u>						FOR FOR
4			83	ភ្ល	,	ļ		1000										J.A.			-						
MEAH 27014			88	Ø Ø							ļ					<u> </u>									<u> </u>		SAYS
ΣŅ			23	IT.								1	M							-	ļ	ļ					# OF DAYS
DR0127253 1 0000001 2701			92	Ŧ											_					1	-						
000000	%		82	3 M								22															
Õ	"		24	₽				ļ							<u> </u>	ļ	<u> </u>					_			1		
<u>چ</u> بر			ន	Σ Ω																					ļ		
53 33			8	S			ļ. 					7			-												
0R0127253		٠	2	SA											-							ļ					
RO1			8	ጸ																		<u> </u>					
<u>*</u> 0			62	ፗ																-						-	
٦	%		18	3										_				1	_	-		-			<del> </del>		
8			1	2		_								_		_									OTALS		
RICHARD			16	δ		000														-	-				AND FINAL TOTALS		
R			£ .	SC																							
, Z			3 14	SA																					PRELIMINARY		
PEDERSEN,			13	FR.																		ļ.,			<u> </u>		
PED	%		1 12	王													<u> </u>	_		<u> </u>							
	8		11	골											-		<u> </u>			1							
11000 11000	100.001		0	<u> </u>											-					_							
1100			6	<u>چ</u>	-															-		.				,	
	ENTER DISTRIBUTION 134100414010		7	G S													_			-	-						
	3 de 0 de		9	α γ					·.				-							-						STAS:	
ŏ	R DISTRIC			ች አ								•						:			_				-	JC INCIDI	
34000	ST CENTE		4 10	프											ļ							٠.				AUMBER (	
			ю 	필				.:.												-	-					SED ON	
	11 X 8 8		ο α	7		λ-		7.23	4 2												-					ENTS, BA	
34000	NE OF		-	운		8																				OTHER AGJUSTMENTS, BASED ON NUMBER OF INCIDENTS:	LEAVE BALANCES
340	OBOO.			Σ આ	5	25	အ	04	92	90	20	90	න	01	-	72	დ.	4	15	8	21	18	19	8	n H (	OTHER.	EAVE BA

FINAL COPY	TIME SHEET #	Att Ma Pa oousa	achirch ge%	men 20-2 5 of 4	C 21, 2	Office down	3	oc	me	e	g																		
正	WORK SCHED	AA7			DATE	REG					B																do		
	APPT TYPE	۵ (	7	n i		PAY	ä	오	Sis	P.	오	5813	5	*	ಶ	Ę	8		4	2		5	윺	SDE	CTA	ļ			
		ω V	`¥ %	<i>-</i>	20					-			-											-	-			4	
	PAY BASIS				8	3 河	-	-		-			-								-				-				
⊢	ī	174			28 29	<u>3</u>		-		-	-		-				-	-	-			-	-		-			1	
THE THE	GLASS AFA	27014			27.	Ω										-	-	-	-			-					<u> </u>	-	
MES	EMPLOYEE CONG ( POSITION # CLASS 10 # MF.A.)	01			92	200					-		-									<b> </b>		-			,	1	
ΥT	* NO!	000000			83	SA A				T							-							-	<del>                                     </del>		<u> </u>	1	
ZHEN	POSIT	8	%		24	ĮΓ SK											1											1	
MO	SONC SOB	-			ន	ĭ																						1	
YEE		23			প্র	3																1.5							
IPLO		OR0127253			20	구															<u> </u>						L		
ĒŽ	LOYEE	180 1			ଷ	Σ Δ					∞			1 1							ļ						00	4	
	⊕ <del>0</del>				19	SC V			<u> </u>							-	-								ļ·			-	
		רי	%		17 18	α A						-			-	ļ	ļ		·					_			-	-	
		ARD			6	TH FR			-	<u> </u>			ļ				-		-								TOTALS		
		RICHARD			<del>أ</del>	Z M				<u> </u>																	AND FINAL TOTALS		
		ĺ			4	) 				-			-														PRELIMINARY A	-	
TEN		RSE			<b>5</b>																						₩ <u></u>		
SYS		PEDERSEN,			12	SU MO	-	·																			1 —		
OREGON STATE PAYROLL SYSTEM		1	%		=	SA					-															·			
PAYF	-	8			윤	F.																							
ATE 1	ONSTRIBITA	11000	134100414010 100		တ	H																					<u> -</u>		
ST/			40	Ì	αò	) WE				_																			
GON	=	NOLES	9			J TU																						Ë	
ORE		34000 cost center distribution	74	1	φ Φ	Ω Ω Ω					·													-				JF INCIDE	
	* S	S SENTE	1	Ì	4	SA SU																						NUMBER O	
	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	ю	R S																						ASED ON	
1		100 n	- <del> </del>	-	OI.	エ									* 1 * 1									1.2				MENTS, B.	
FORM # AD1743	, , , , ,	34000 START OF	OBOO NE XX	Ī	-	E F																						OTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:	LEAVE BALANCES
5 8	A 60.	STAR	8		<u>-</u> د - د		9	82	ន	8	S	98	0	88	න	우	11	12	13	14	ξ	9.	17	18	6	Rer	n'H (	屋 0001	0

СОРҮ	** 2-C	Attac Marci Page Page C	nmer 1 20- 6 of	น C 21, 49 े	201 8		oc	me	etin																			FINAL.
FINAL COPY	<u>ا</u> ا		) )	DATE - DAY	-1								0					\ 30									_	
	WORK SCHED AA7	8		۵	-	. 65	0	S	<sub>5</sub>	0	CTS		VA 576	100	2	6					Τ	HP	SDE	CTA		1 1		PRELIM
	1994 1975 <b>U</b>			31	A PAY TYPE	RG	웊	CTS	ភួ	오	ঘ		<del>&gt;</del>	ß	F	8		LA	2	_	Б	=	รั	ິວ				
	PAY BASIS O	%		% %	FR SA								0													00		EODECAG
	2.6			83	IL H							-	00		-									-		50		
h:	1.0			88	WE						-		٥-							<u> </u>						حز		
光照	MEAH Z7014			27	2		-						کے									-			.,	<u>&gt;</u>		0.000
MES	. 10			56	δ								S													000		
EMPLOYEE MONTHLY TIMESHEET	POSITION #			25	25	-				2. 3																		
Ę	iii Š	%		24	SA								-															
<u>Ö</u>	SOS T			g	ľ.			-		1, 5								8	. S - S - S - S - S							8		-
YEE	ღ			83	ድ								Ø													00		
PLO	ORO127253			22	3 [1]					4.5							,											
Ш	OVEE -			8	5								14.															
		1		65	2			<u> </u>					3					-				-				-		
	J.	%		18	ດ			ļ. <u>.</u>	-	-			##. 1						1 S.				:					
				17	n A		<b> </b>	-																		TOTALS		
	ICHARD			16	e L		-	ļ																		AND FINAL TOTALS		
	S.			4 35	F					10.0		-			-	<u> </u>					_					INARY AN		
ĒΜ	SEN,			13	NE NE	_											-								-	PRELIMINARY		
SYST	PEDERSEN			12	5												<u>-</u>	<u> </u>								<b> </b>		
Ĭ	- F	1	į.	11	SUMO	-												-	-							1		
VRC	_	8		9	SAS	-	-	-																				
OREGON STATE PAYROLL SYSTEM	CHECK DISTRIBIN 11000	134100414010 100.00		6	я В									,						-						1.		
TAT		91		ω	 I											-t/s.											,	
NO	H - H	414		7	빌																						[ 	
ZEG(		cost center distribution		9	2																						CIDENTS	
	JOV# 34000	H34	<u>.</u>	r)	ō.																		٠.				SER OF IN	
	PERSONNEL AGENCY #	COST CE		4	⊃g																						ON NO	.
		88 X		က	Ą S																						IS, BASED	
D1743	်. ဝွ	r F H	Į.	C7	OZ.								8			•										m'H (	USTMENT.	35
JAM, ₩	AGENCY #	START TIME OBOO		<b></b>	I	. 5	250	88	40	8	90	20	80	8	10	11	12	13	4	15	16	17	18	<b>6</b>		<u> </u>	THER AD	LEAVE BALANCES

ЪÝ	( )/ (e)	Attable March Page (1900)	mer 20-	nt C 21, 2	2 <b>9</b> \$	uiii.	oc	me	e	9							77777777777											FINAL.	*
1 100 1511	TIME SHEET #	PERIOD ENDING		PAY	REG LWOP																							Œ	
	WORK SCHED AA7	1 \		DATE	REG	┼-	7			eg.			70					×										PRELIM	
		Jes J	<b>1</b>		A ₹	8	오	6TS	22	웊	GTS		\$	ช	5	8		LA	2		6	윺	SDE	CTA		1			1 1
	APPY TYPE	%		रू	I		ļ	ļ	7.55 V.A. V.A.	1_			<u>\</u>			_	-						<u> </u>	-		<u>⟨</u>	2	FORECAST	1/1/18
	§88 W			8	_ 퍼						_	-		-		_	-	ļ		1			-	-		>		P.O.	111
	_4			প্র	2	-	1	-				-	ک	<b>)</b>			<u> </u>	-	11		1 4 2 1 4 3	1	_			8			
	MEAH Z7014			8	<u>Σ</u>		1	1		a	<b>}</b>	-					-		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				-			<u> `</u>		DAYS	
)	°≥N			27	ეs t	-	-	-				1	13.5									-		<u> </u>	<u> </u>	-	-	# OF DAYS	SUPERVISOR
	POSMION #			92	& A A	-		-		-	-	1					<u> </u>					-	-	<u> </u>		Ł	4.		) dis
	SOO(	%		52	五 玩	ļ	<u> </u>			1	-	-					-	(X	1				-	-		0	-		× E
	ب ا ا			3 24	F	-		-				-		 			_		No.					-		8	. ]		A ACCUR
	DR0127253 1 000001 Z701			83	3		-	-					7			-		_	3.69							1	<b>.</b> .		CHEN CERTIFYING TRUE AND ACCURATE
	253			8	5	4		-			-		الله				-	_			1,301		-			<b>⊘</b>	_		HTIFYING
	127;			23	S S	B	-	-		-			4,33		- A			·		-			-						Sep. of
	MR.OYEE 0R0127253			19 20	S A			-		-							-			1			<u> -</u>	ľ.	<u> </u>		-		
	<u> </u>	%		8	FR SA			<del> </del>				-					$\vdash$							-	-	-	-	6	44
	ה				E E			-	1 1 2				189 188			ļ. 	-			-							+		12
	CHARD			16	벌				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																<u> </u>	L TOTALS	-		1
	RICH			<del>2</del>	3 2					$\vdash$	-	$\vdash$		7.2	-							_				LND FINAL	-		EMPLOYEE
				4	P. C.					$\dagger$						-	$\vdash$					· .				PRELIMINARY AND FINAL TOTALS	1		0
1	PEDERSEN,			<del>င်</del>	∑ OS				-													-				PRELI	-		184.0
	EDEF		v	12	SAS													<u> </u>			117					-	1		ME
	g.	%		Ξ	FR 0																•	#					1		FULL THOURS
	o	100.00		5	I																				<u> </u>		1		12
100	OHECK DISTRIBTN 11000			6	3 E																						-   		OS/31/12 HOURS
Ö	ᄻᄚᆏ	010			2																								05,
2000	HS -1	MER DISTRIBUTION 134100414010			δ																						1		2
	34000	100			ട്ട														٠.								CIDENTS		STANT DATE 05/01/12
	000	134			SA														2.5		2.5						SER OF IN		STANT 5/0
DIVINO	AGENCY #	COSTC	:		ር የ														1								ON NUME		Ö
9	# ¥	ă g 🗙			프																						S, BASED		
	0	§ ₩			Щ З												•										STMENTS	SS	
VBO!		START DBOO			2								- 14 - 14						33								OOTHER ADJUSTMENTS, BASED ON NUMBER OF INCIDENTS:	CEAVE BALANCES AS OF:	TIME SHEET
) DAC	ξĞ	ge co		;	-	5	8	ខ	8	92	g	04	80	8	2	Ţ.	12	5	4	15	18	4	8	6	ite	m H	0000	13 5 13 5	NE.

Attachment C **EQC** meeting TIME SHEET# FINAL PRELIM PAY TYPE CTS SDE CT CTA æ 오 S S CTS 오 \$ 녌 3 8 2 유 Ь WORK SCHED છ FORECAST SZ 30 APPT TYPE P 13 B SUPERVISORY 28 TH PAY BASIS DAYS WORKED 27 WE 27 SIGNED, CERTIFYING TRUE AND ACCURATE EMPLOYEE MONTHLY TIMESHEET MEAH Z7014 CLASS 2 ध्र ठ्र જ 24 Position# \* SZ  $^{3}$  $\mathbb{R}$  $\aleph$ HL SOS 20 WE 7 EMPLOYEE ID# ORO127253 EMPLOYEE: & 8 જ SA F.R 55 OREGON STATE PAYROLL SYSTEM 1 11000 | PEDERSEN, RICHARD COST CENTER DISTRIBUTION HL7 5 EMPLOYEE NAME 2 134100414010 100.00% Ş OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS: જ 10 SA SEC PIST TSIC FR 34000 O/T BEN PKG WE × 5 PERSONNEL AGENCY # 5 2 뿔 LEAVE BALANCES AS OF: S ო 34000 START TIME 0800 8.5X11TIMESHEET PAYROLL AGENCY# SA MESHEE 4

		Atta Ma	achm	n_2	1 20	)13.	EC	QC_r	nee	ting	•	,	(12.1		<del></del>	<del></del>	12,2 4 4		Ta						·					
	#	Pag	ge <b></b> 역(	) of	S S																									1
	TIME SHEET#	PERIOD ENDIN	07/31/	DAY - DATE	LWOF														ļ.,,							L.		FINAL		
	F 05		0	1 1	REG HRS				9/	80			$\infty$	90		,												M		
	WORK	AAZ			PAY TYPE	ភ្ល	웃	CTS	8	오	CTS		5	\$	공	탕	8		2			p	웊	S T Z	SDE			PRELIM	1/	
	<u>×</u> 8		de	હ	2								<u> </u>					 											1/3	
	APPT TYPE	4	Ž,	L ಜ	ð				<u> </u>																			FORECAST	1	1/2
				82	S				-				-															<u> </u>	21	å
	PAY BASIS	S		782	SA				-				_															KED		SUPERVISOR
上出		4		127	FR																							DAYS WORKED	RATE	3
SH	CLASS	27014		28	TH.				<u> </u>			_															-	DAYS	ACCU	
II M				1	WE																								AND	
₹	#NOILISOA	000000	%	3 24	טד כ									<u> </u>		ļ													TRUE	$\backslash \bot$
Ė	Posit	000		22 23	) MO					_																			NIX.	
EM	O			$\vdash$	4 SU																							'	SER!	3
EMPLOYEE MONTHLY TIMESHEET	SONO			1	FR SA																						-		SIGNED, CERTIFYING TRUE AND ACCURATE	17
MPL	#	8			TH F																						1		1	7
Ш	VEE II	2725	%		WE 7																									VEE:
	EMPLOYEE ID#	ORO127253	• `	17	7.0																						1			EMPLOYEE
		Ĭ		16	Ø																						1			
_		7		1	SS																								UIME Si	8
STEN		RICHARD		i	SZ																								FULL TIN	176
OREGON STATE PAYROLL SYSTEM	ш	RIC		13	H.																									
	EMPLOYEE NAME	N N N	%00	12	HL																								ATE	/12
AYR	LOYE	BUTTO	8	Ξ	WE													 							_				END DATE	07/31/12
巴巴	EW.	1 11000 PEDERSEN. COST CENTER DISTRIBUTION	134100414010 100.00%	1	2																		_				DENT			
STA.	芳.	NER NER NER	4140	1	₹																						NI IN			
NO O	쭚	ST C음	100	i	જ													 		-							BERO			
REG	72	1	13,	1	S											$\dashv$						-					NS N		TE	2
		N PKG	×	1	T. F.R						-			0>													SED OI		START DATE	07/01/12
	PERSONNEL AGENCY#	34000 O/T BEN PKG	$\dashv$		HL 3		101			~			Š									-			-		TS BA		ST/	720
	PERS	ო <u>ნ</u>	岁		J WE	$\parallel$	971		90	0							-				$\dashv$		$\dashv$				TMEN	SES		
		TIME	0800	1	<i>D D</i>				60								_	 				-					OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS	LEAVE BALANCES AS OF:	EET	ESHEET
	PAYROLI. AGENCY#	START TIME	ő		SU MO			_	~	-	$\dashv$								•		-		$\dashv$	_	_		EE.	SAVE E	TIMESHEET	S.SX11TIMESHEET
	<b>α</b> ∢	<u>ျဲ</u> တ		L	W							ļ			i			 		1					1		<u>Ö</u>	JEK.	Ē.	

		At	tacl	hme	ent 0-21	S S S S S S S S S S S S S S S S S S S	11.3.	ÆΩ	<del>C n</del>	<del>reet</del>	<del>ino.</del>	ı		teres	יייייייי	ererere	Troop'	יייייייי	<b>1</b> ——					,	· · · · ·	т—	т				
	ļ	P	arcl age	91	φf 4	A FROM			[		, S																				
	TIME SHEET#	3-0	PERIOD ENDINGS	08/31/12	- DATE	LWOF																							FINAL.		71
	ES		200 200 200	8	DAY-D	REG HRS LI		***		3	4000		_		2333	1334 	3333	*****									-				
			to 2	_	à	문문	45		S	45	_	S		a	8							_			₹	iii	_	4	PRELIM	W	$\prod$
	SSR ¥SS FE FE FE FE FE FE FE FE FE FE FE FE FE	AA7	1			PAY IYPE	S.	오	CTS	ä	오	CTS		3	¥	정	통	PB			2	_	<u></u>	운	CTA	SDE	<u> </u>	_	员/	$H_{N}$	$\mathbb{W}$
	<u></u> ≋%	-}	1	19	ल	FR									0				_											1	
	APPT	٦	Q	Š	8	H																							FORECAST	1	M
	AF.	$\dashv$			83	WE																							FOR	233	图
	ျှ	S			82	שב																						1	e		SUPERVISOR
F	PAY BASIS	4			27	Q																							DAYS WORKED	Щ	SUPE
出	SS 5	Z7014			28	SC.																	 			-	<u> </u>	-	YS W	XIRA.	
ES	CLASS	ZZ(			22	SA S					·										-						-	1	ŏ.	D ACC	
₽					24																							1		E AN	
EMPLOYEE MONTHLY TIMESHEET	#NOILION#	000000		*	$\vdash$	1 FR								_													<u> </u>	_		SIGNED, CERTIFYING TRUE AND ACCURATE	
Ė	Tisoc	ğ			23	TH.																				ļ		-		FYIN	
8	_				23	WE																						4		W. T.	ہرا
Æ	8 8 8 8	+			2	77									:															(同)	1
Ö	07	$\dashv$			8	MO																							1	SIBI	13
MP	# <u>Ω</u>	23			62	SU																									1
		272		×	∞	SA																									)\E
	EMPLOYEE ID#	ORO127253			12	FR								V																	EMPLOYEE:
	ш	٦			9	TH F				80																					ш
					5	VE 7				80																		1		ME	8
M		RD			14					$\infty$																		+			HOURS: 184.00
YST		RICHARD			13 1	<i>D</i> T																								<u>ц.</u> ;	ž μ
LS	NE.	J			-	Ø				Ø																		-	] .		. 2
Š	EMPLOYEE NAME	SEN	5	80	12	જ																						-		ATE	1/1
A₹F	7.0Y	DER		8	Ł	SA																						 		END DATE	08/31/1
iπ σ	E E		Z :		6	FR												·													O
ΤĀΊ	_		π ;	64	60	H									ł												-		ŀ		
S	SEC PIST			90	∞	WE																						ROF			
OREGON STATE PAYROLL SYSTEM	に出る	1 11000 PEDERSEN		134100414010 100.00%	~	75																						UMBE			
ORE	돐	- 1			6	MO T																				,		NS NS		START DATE	/12
	ᆏ.		Z ;	×∣		N US																						SED		TART	08/01/12
	AGENCY #	34000 OT PEN BVC	<b>n</b>	$\dashv$	l												$\dashv$					$\dashv$						TS B/		S	08
	AGEN	m/2	5 5	W.	1	SA	$\dashv$										-			•		-						TMEN	SES		
			발 :	8		H.												-		-								SUC	IAN	iii	
	PAOLL AGENCY#	34000	= ; <u>=</u> ;	0800	i	TH.																	 					OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS	LEAVE BALANCES AS OF:	TIMESHEET	
1	₽. A.	e Σ	0		_	ME																						<u> </u>	A A	TIMI	

r		A M	ttach arch	me	ent )⊨21	Մ Խ2Ր	143.	ıΕΩ	ı <del>C r</del>	nee	lina			(Gere	(garana	gerer.	Person	pares.	1	1	Perce			Υ		T	<del></del>			
	*	P	ttach arch sege ? Segonia colli:	12	of 4																									
	TIME SHEET#	8	PERIOD ENDING	6	DAY - DATE	LWO																							FINAL	
ļ	<u> </u>	$\dashv$	등 오	7	101	m I					$\infty$				48			24											. ≥	W
	<b>88</b> 関盟	1			31	PAY	2	오	CTS	ភួ	오	CTS		4	\$	SL	占	۳. ۳.			2		ь	웊	CTA	SDE			PRELIM	
	APPT TYPE	م	The state of the s	7	೫	SS																							FORECAST	
	<	-	•		83	SA	,																						<u>E</u>	
	PAY BASIS	S			82	FR																					ı			TE TE
-					27	ДH		_																:					DAYS WORKED	ATE e: ID
	CLASS	27014			97	WE																							AYS	COUR
	ರ _	7			153	עד																							1-1	ND AC
	# Z	100	8		75	MO																								RUE
	# NOILISOA	000000			23	SU																								ING T
	<u>8</u>	$\dashv$			22	SA																								SIGNED ACCURATE
	2 2 2 2 3 3 3	-				F.R																			-			1		0
	8일	-			8	TH							"																	SS /
	#	8			-	WE																								1
	) (世)	272	>		8	72																						-		Ė
Ì	EMPLOYEE ID#	ORO127253			12	Q.																						0		EMBI OVEE
ľ	<del></del>	٦			9	25																								1
		-3			F	SA	$\exists$																							TIME S:
		ARD				FR									8							-								FULL TIME HOURS:
		RICHARD				HH																·								1.1
71414	EMPLOYEE NAME		**			WE 7					-				50															u ·
1	7	ERSE	100.00%			5									5									$\neg$						END DATE
10,10	II F	PED	10 0			0M									5													NTS:		
		1 11000 PEDERSEN.	134100414010			<u>\$</u>																			-	1				
PULL DUENT NAME	DIST	000	00 T			SZ		_																_			•	0 P II		
Ċ	50	1	3410			FRS	7								$ \infty $				1							-		JMBE		
11110	ב ה	1				TH F												2	$\dashv$				_					ON NE		DATE
	1		XX			WE 7												امكا								$\dashv$		4SED		START DATE
SAINCE	AGENCY #	34000		1		J. 75												2	$\dashv$				-			$\dashv$		OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS		8
OED	AGI	1	S <u> </u>	11			-	-			8								$\dashv$		$\dashv$			$\neg$		-		STME	CES	
		00	0800			₽ 2	-	$\dashv$	_		-								$\dashv$					$\dashv$		$\dashv$		ADJUS	LEAVE BALANCES AS OF:	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	AGENCY #	34000	90			SA SU			$\dashv$						$\dashv$			-						-				HER	AVE E	riimesheet

			chine ch 20	)-21	20°	13	FΩ	ີ. m	eetii	na .																					
			e 1 <u>/3</u>	of 4	A RSC TRSC																										
	TIME SHEET#		31/	ATE	S LWOP MISS S														<del>                                     </del>	63000									FINAL		
	EE	TPERIOD ENDINGS	10/31	DAY - DATE	REG HRS L		3.33		く				 λ-	3033		10:00														1	N
					PAY R	Ø	0	ေ	RG 322	_	CTS	-	$\varphi$		SL	근	<u>m</u>			0			  -	e H	CTA	SDE			PREL IM	1//	$\ $
	WORK SCHED	₹\	$\sim$	1		H.G	오	SIS	ŭ	웃	5	_	4	٧A	S	<u>Ę</u>	PB		-	2	-		6	エ	ีย	S			H.	1,1	1
			03	8	WE	-				· 		_					_	-	_		-		-				<u> </u>	-	ST		1
	APPT TYPE	4	رچي ا	ଛ	J.																				_			-	FORECAST	W	
				23	ð						_													_			_	-	윤 3	27 88	W.
	PAY BASIS	S		28	જ						<u></u>					ļ											ļ , 		奇	TE SUPPRVISOR	Νī
П	-	4		27	SZ																								DAYS WORKED	₹ATE	3
EMPLOYEE MONTHLY TIMESHEET	CLASS	701		26	FR						ļ								_	<u> </u>			_					-	DAYS	SIGNED, CERTIFYING TRUE AND ACCURATE	
	0,			35	H															_										AND,	
7	# 0	000	*	24	WE																									TRUE	
Ę	#NOSITION#	000000		83	5																	_								NING T	
ğ	<u> </u>			22	Ø		٠.							·																	3
Щ	SONC SOB	-		2	S					,																				图/1	)
5	05	-		ន	SA																								`		Å
ΞMΡ	# 0	20		130	FR								Òò																		Y
<b>.</b>	EMPLOYEE ID#	7/7	%	9	ТН				$\infty$																					EMPLOYEE	
	EMPL(	2		17	WE				$\infty$																					FMPL	:
		1		16	TU.				$\infty$																		,				
	-	7		15	MO				S			i													,					S:	3
TEN	. 4	A K		14	รถ																									FULL TIME HOURS:	0
SYS	T A A A C T A	7		13	SA								·					-							·						
Ä	Σ	]	%	12	FR												•													三	7
YRC	OYEE FRSE		0.0	=	TH F																									END DATE	7
OREGON STATE PAYROLL SYSTEM	EMPLOYEE NAME	COST CENTER DISTRIBUTION	134100414010 100.00%	5	WE																							NTS		(i)	2
ATE		R DIS	4010		ン ズ																							NCID!			
ST	CHECK DIST	装	041		MO 1																			_				% OF ∐		,	
ĝ	급	OST (	3410	_	SS SS				- 1																		•	JMBE			
JRC	法			9	SA S				1																			NO NO		DATE	7
	H 0	N Z	×		FR S		$\dashv$																					SED		START DATE	2
	PERSONNEL AGENCY # 34000	O/T BEN PKG			_ 7	$\dashv$	$\dashv$	_														-						OTHER ADJUSTMENTS BASED ON NUMBER OF INCIDENTS		-	2
	PERS AGE	10	W Z	1	E TH	$\dashv$						-		-														TMEN	CES	ſ	
ب		ME	0800	1	J WE						$\dashv$								,						-			ADJUS S	LEAVE BALANCES AS OF:		FSHEE
A,	PAYROLL AGENCY# 34000	START TIME	98	ŀ	J. T.				$\dashv$																			開入	AVE B	TIMESHEET	A EXTITIMESHEE
	88 "	S		_	8				1													l						<u> </u>	비왕	Ē.	_k k

Attachment C

,			ORE	OREGON STATE PAYROLL SYSTEM	LS >	ATI	= PA	YRC	)LL	sys	TEM	-			Ī	MPLC	EMPLOYEE MONTHLY TIMESHEET	MON	IHF.	.≺⊤	MES	HE	⊢					O	\	
PAYROLL AGENCY #	PERSONNEL AGENICY#	NEC. ##>	운	SHIFT CHECK	吊≅ September		EMPL	OYEE	EMPLOYEE NAME				ш	MPLO	EMPLOYEE ID#		SONC	Ĭ <u>~</u>	POSITION#	# 2	CLASS	SS	PAY		APPT	Г	WORK		TIME	
34000	:	34000	- 1	1 11000 PEDERSEN,	1000		PED	ERSE		RICHARD	IARD	Ŋ	0	RO12	0R0127253				000000	001	7 7	MEAH Z7014	25 N	n	 F 0				대변 ·	ı F Ç
START TIME	•	о. 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		COST	CENT	ER D	STRIBL	<u> </u>																			_[	PERIC		SA SA
0800	N	×		134100414010	0041	401		100.00%	%0					%						%					%				age)	ttac
2	3 4	1	9	1	80		10	£	12	13	14	15	16	17	18	19 20	24	22	23	24	25	26	27	28 2	23	34		DAY	5	hme
SA SU	MO TU	WE T		FRS	- 1	25	MO	UL 1	WE	TH.	FR	SA S	N US	MO T	TU W	WE TH	FR	SA	SS	OM O	70	WE T	TH F.	FR SA	<u>S</u>	<u> </u>	<u>4</u> 2	HEG WAS MISC	r-60, of <u>3</u> 49	SEE SEE
																									_		<u>Б</u>		201	20.3
																				989			-			ļ	오	\\ \ -		ю. <del>п</del>
																								-	ļ		CTS		UU	000
																											25		me	
								-													X						오	000	ting	# 150
	1																				•						CTS			
																						$\propto$					1	c.,		
																				-		<b>)</b>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V		$\bigcirc$	*	<i>U1</i> 3		
																											1S			
																-											탕			
-																											PB			
					1															Ø	194						5	800		
																					,									
																											2		<u> </u>	
																							<u> </u>	-						
																											<u></u> 5			
																<u> </u>											끂			<u> </u>
Ite																									<u> </u>	-	СТА			<u> </u>
n H																									ļ		SDE			<u> </u>
000						,			,														ļ							
OTREER ADJU	STMENTS	BASED	N N	UMBEF	3 OF I	NCIDE	ENTS:	1			1			1	1		-					1	1		-					
LEAVE BALANCES AS OF:	VOES																				<u> </u>	YYS W	DAYS WORKED		FORECAST	ST	PRELIM	<u>≅</u> .	FINAL	اا
TIMESHEET		START DATE	DATE				E	END DATE	Щ			IME	-			SIS	SIGNED, CERTIFING TRUE AND ACCURATE	ERTE	XING T	RUEA	ND AC	SURAT	Ę	70		W	$H_{\mathbf{N}}$	1/1	_	
		12/01/12	/12				12	12/31/12	/12	•	168.00	.00	Ш	EMPLOYEE:	YEE:	h	1	H,	1			<i>J)</i>	SUPERVISOR	VISOR:	W				1	
6.5AT 1 11MGSAE	-																													

# Attachment C Maistre 20-21 2013 EQ Desting Page 16 of 49 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



## 305/VPT33807

1. Name of Er	nployee			2. Agency				3. Period (Mo	onth and Yea	r)		
	Dick F	Pedersen		•	DEQ	!				1/2012 Se	attle	
4. Official Stat		• •		5. Division/ Work Unit			•	6. Regular S	chedule Wor	k Shift		
HQ / Portla				<u> </u>	_ OD			## 8 am - 5		# Other	*	to _
7. Unrepre	sented L	Manager	nent Servid	Executive Sez	lice ##	Board/0	Commissid 		Voluntel_			-
Bargain	ing Unit Name	<u> </u>	AF	SCME		Other		· .			٠.	
8. Date	9. Time of	10. Time of	11.	Destination		12. Per Diem/	individ Breakfast	ual Meal Reim Lunch	bursement Dinner	113. Lodging	3	4, Total and Lodging
	Departure	Anîval	137/71	Document		Hourly	Divaduat		204141		,	
01/04/12	1 pm		Travel to Se	attle		Allowance 35.50			35.50	137.00 -	. 1	72.50 /
01/05/12	1 pm	9 pm	Return to Po		,	71.00	17.75	17.75	35.50	107.00 -		71.00
		<del></del>						1				, ,,,,,,
									<b> </b>			
									Į			
					-				ļ			•
									ļ			
								•				
				· · · · · · · · · · · · · · · · · · ·					-	ļ		
									<b></b>			
	de Major est			15	Totals	106.50	17.75	17.75	71.00	137.00	\$2	43.50 /
16.			17.	8.		100.00 1		1	19.	20		22.
				м		ous Expense			Training		Private Car	
	counting Cod	<b>0</b> S	Date	Fares, Private Mileag Personal Vehicle			ne, Other E	xpenses	Related?	Rate Per Mile 0.500	Miles	Amount
14010 -	71604		1	GISORIAI VERROLE	IVIIICa	ye			<del></del>	0.000		
	4151	106.50	01/04/12	Hotel Tax							2337	30.85
	4150	160,37		Parking (on hotel	recei	ot) ond	tox				41.48	-34 <del>.00</del>
	4160	41.48		, , , , , , , , , , , , , , , , , , ,							7,1,7	
a a tala - manaka a ma			AV 6.0 A/200 WA 45 TO 100	n Taken all than a line. Has let Mittalle Medican new Mitaling n	11% 25011EALE	er er Nord danne er Nilse breit vellet skil	de established ea		e vijek object op de steere een steere een s			
i di di di	Totals	308.35	(i)			0.20			100	23, Section To	otal	\$64.85
24. i did/v		d not/will n	ot <sup>⊡</sup> acc	ept travel awards as	a resu	t of, or ass	ociated w	ith this state	business	trio. Comple	etion of this	•
				ms will not be proces								
				ent customer awards	or mil	es. Review	/ instructi	ons on reve	rse of the	form.		
25. REASO				fic Northwest Dire	actori		26 G	and Total A	mount		\$3	08.35
			PA Offices		CCIOI (	•	20. 0	and Total?	11100111		- +-	-
meeting i	iciu at tilo	Ocaliic L	i A Offices	·•			27. Tr	avel Advan	e Amount	·		
									•			
						•	28. Ar	nount Due I	mployee/	State	, \$3	08.35 📈
								ceived Trai	ning	Conduct	ed Training	_//
	all reimbursem			30. Signature of E	mploy	9e /	31. Til	le				Daké
	expenses or a las been her				14			Di	rector		01	/06/12
claimed from a				xun.	س ر	<b></b>						
certify that th	e above claim	ed expenses a	re authorized	32. Approved By	المعالمة المعالمات	Sin	33. Tit	ie				Date
duty required e	xpenses. Fun	ids for paymer	nt of this claim	13330		5		Men	dministrato	or.	1	111,000
are available covered and h				LANGE OF STREET		الانه فيال فكالأنوار فأستون	alah di kanan kanan s	MODA	zi illi noti all	4 ·-		11/2
			- AND THE PROPERTY OF THE PARTY	12 13 - 73 A	WEW. 3-2-2	<del></del>			·			~ ; 6

Attachment C March 20-21, 2013, EQC meeting Page (Potal) OR 0127253

## STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



Т	RAVEL	EXPENS	SE DETA	IL SHEET		/	3.3	2.3./12	PT 34	08%	
1. Name of Er	mployee			2. Agency	-1		3. Period (Mo			<del>~,,,,</del>	
	Dick F	Pedersen		DEG	)				3.15.12	2	
4. Official Stat		-		5. Division/ Work Unit			6. Regular So				
HQ / Portla		r- 1		OD		Commissid.	## 8 am - 5	opm L Volunte	# Other	<u></u>	to
7. Unrepre	esented L	∐ Manager □	ment Servic					, voiding	1		
Bargair	ning Unit Name	<u> </u>	Al	FSCME	Other						
		10,	11.		12.	Individu	ıal Meal Reim!	hursement	13.	14	4. Total
8. Date	Time of	Time of	11.	Destination	Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals	and Lodging
	Departure	Arrival		•	Hourly Allowance	`					
03/15/12	12:30pm		Travel to He	ermiston ファール	23.00			23.00	77.00		00.00
03/16/12		10:30am	Return to P	orlland 23.00	<del>11:50</del>	11 prov	11.50	<u> </u>	<b> </b>		11:50 2.3.00
		ļ							ļ. <u></u>		
	ļ				<u> </u>	<b> </b>			-		
		ļ <u>.                                    </u>			<u> </u>	<del> </del>					<del></del>
<del></del>	ļ	<b> </b>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<del>                                     </del>			
<u> </u>			<del> </del>		<del> </del>		<del>                                     </del>	<del></del>	<del>                                     </del>		
<u> </u>	<del> </del> -	<del> </del> -	· · · · · · · · · · · · · · · · · · ·								
	<u> </u>										
						<u> </u>		<u> </u>	ļ <del></del>		
		, ,			<u> </u>	ļ			<u> </u>		
	ļ			**************************************	<u> </u>	ļ		<u> </u>	<u> </u>		
Viginos (1900)				# JE 7.4.1	41.00		11.50	23.00	77.00	61	<u>23.00′′</u>   <del>11.50</del> -
			17.	15. Totals	-34.50	11.50	11.50	19.	20	21.	22.
16.			· · ·		eous Expens			Training		Privale Car	
	ccounting Cod	les	Date	Fares, Private Mileage, Roor		one, Other E	xpenses	Related?	Rate Per Mile 0.500	Miles	Amount
14010-	41004	<u> </u>		Personal Vehicle Milea	age			1	0.500		<u> </u>
		<del> </del>	02/45/12	Hotel Tax				+	<del>                                     </del>		6.93
-	<u>+4101</u>	44.00		Parking (from 2/28 Co	rvallis)			<del> </del>			7.00
	4106 4108	7.00		Taking (Holli 2520 00	,,,,,,,		•				
	1.112.0	1,72									
								1	<u> </u>		
									<u></u>	<u> </u>	
	Totals	134.93							23. Section T	otal	\$13.93
24.   did/	will di	id not/will :	not ☑ ac	cept travel awards as a resi	ult of, or as	sociated w	ith this stat	e busines	s trip. Comp	letion of this	block is
mandatory	. Travel exc	ense reimb	ursement cla	aims will not be processed i	f this block	is left blan	ık. Travel a	awards inc	luded, but m	ay not be lin	nited to , airline
frequent fly	yer miles and ON FOR TR	d hotel or ca	ar rental freq	uent customer awards or m	iles, Revie	w instructi	ons on reve	erse of the	torm.		36.93'
				ngagement at OSU in	Corvallis.	26. G	rand Total	Amount		-\$1	<del>25.43</del>
March lo	daina was	to attend	a function	celebrating the Umati	lla	-					
				lermiston. Dick repres		27. Tr	ravel Advan	ce Amour	it		
	he evenin			·						4	36,93 <del>25,43</del> 167~
			•				mount Due				20:4070
				30. Signature of Emplo	vee	31. Ti	eceived Tra	uning	Conduc	ted Training	Date
			i reflect actual ntilied; that no		yee	01					
part thereof	has been he	retofore claim	ed or will be	Wulka			C	irector		3	119/12
claimed from	any other sour	ce.		32. Approved By		33. Ti	tle				Date_
I certify that t	the above clain	ned expenses	are authorized							2	
			ent of this claim for the period				MSD A	\dministrat	or	3/22	112
covered and	have been allo	ited for expens	diture.	X/111111111	<del></del>					<u> </u>	

Attachment C
March 20-21, 2013, EQC meeting
Page 18 (F48) 10R0127253

## STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

				[A-1		~2003	·	30:	<u> 2 / V.P</u>	<u>T34</u>	167	
1. Name of E	mployee	- ·		2. Agency				3. Period (Mo	onth and Yea	1)		
		Pedersen		E 60.00	- DEQ	<u> </u>		6. Regular Se		3.2012 ECO	S Austin	
<ol> <li>Official State</li> <li>HQ / Portial</li> </ol>				5, Division/ W			_		_	_		
		1 10		1 6	OD utive SeLice ##	Des-1"	Commissid	##8am-5	opm ∟ Vokuntel	# Other		to _
•			ment Servic		anne patrice ##		_	نــــ	YORING	11		
Bargair	ning Unit Name		A	FSCME		Other						·
		1				12.	le distri	ıal Meal Reimi		13.	1	4. Total
8. Date	9. Time of	10. Time of	11.	Destination		Per Diem/	Breakfast	Lunch	Dinner	Lodging	I .	and Lodging
	Departure	Arrival	1			Hourty						
03/18/12	7:30am		Travel to A	ustin, Texas		53.25		17.75	35.50	A 185.00		238.25
03/19/12	7.30am		Haverton	danii, rexas	35.50	<del>71.00</del>	prov	prov	35.50	A 185.00	1	250.00 220.51
03/20/12					35.50 35.50	<del>-71.00</del>	prov	prov	35.50	4 185.00		256.00 220.50
03/21/12		8:30pm	Return to F	Portland	35,50	71.00	prov	prov	35.50			71.00 35,50
					001.70		•					
•		<b></b>										
		1			-							
			A Onus	ser dies	n) Dame							
			sate w	tanımarı	red ine							
			ami 2	tammorn	d					ļ	<u> </u>	<u>.</u>
	,				· ··· =-			<b></b>	ļ			
					<u> </u>	الناع ال	,	<u> </u>	<del> </del>			
ver construction	X3+3.3-3-1/5-X-1/2-k		RANGE CONTRACTOR			159.75		47.75	1.10.00	FFF 00 /	4	114.75
					15. Totals	- <del>266.25</del>		17.75	142.00	555.00	· · · · · · · · · · · · · · · · · · ·	3 <del>21.25</del> -
16.	<del></del>		17.	18.	Miscellani	eous Expense	s.		19. Training	20	21. Private Car	22.
Ac	counting Cod	les	Date	Fares, Priva	ate Mileage, Roon			xpenses	Related?	Rate Per Mile		Amount
10001-	42004-			Personal V	ehicle Milea	ge		<u> </u>		0.500		
M2000												
					\$27.75/nt x	3)			ļ	ļ		83.25
<u></u>		159,75		Taxi to Hot					<u> </u>		<u> </u>	25.00
		1.38.25		Taxi to Airg	ort (shared)	)			<u> </u>		<u> </u>	10.00
	4160	3.5.00	<u> </u>							ļ ·		<del> </del>
										-		
		ļ								<b></b>	1	
	Totals	833.00								23, Section T	otal	\$118.25
24. l did/\	villdi	d not/will n	otac	cept travel aw	ards as a resu	it of, or ass	ociated w	ith this stat	e business	trip. Comp	etion of this	block is
mandatory.	. Travel exp	ense reimb	ursement cl	aims will not b	e processed if	this block i	s left blan	k. Travel a	wards incl	uded, but ma	ay not be lin	nited to , airline
frequent fly	er miles and ON FOR TR	inotelorca	ir rental freg specific )	uent custome	r awards or mi	es. Reviev	y instruction	ons on reve	rse of the	torm.		33.00'
				al Council of	f the States	(ECOS)	26. Gr	and Total A	Amount		\$2	<del>39.50</del>
					12. Dick re							
	of Oregor					, , , , , , , ,	27. Tr	avel Advan	ce Amoun	t <u></u>		
			J								(I)	33,00
								nount Due		State	· \$t	39.50 222
				100 01				eceived Tra	ining	Conduc	ted Training	Data
	all reimbursen				ture of Employ	ee	31. Tit	ie .				Date
	expenses or has been he				h			D	irector		04	4/12/12
	any other sour			acr	111					•	<del> </del>	
certify that the	ne above claim	ed expenses	are authorized	32. Appro	ved By		33. Tit	ile				Date
duty required	expenses. Fu	nds for payme	nt of this claim		1111/11			MSD A	dministrate	DΓ	U)	25/112
	in the appro rave been allot				11/1			1110071	ammou ac	.,	- 7/	20/1
				110								
05.	nc,			(1) #	833.00	)						
				(2) \$	584,20 1,381.70 \35.50	) (See	nest	page)			•	
•				(2)(#	1.381.77	S(17.1.	nluns	id In	Eco	5)	13 fr	¥
				O W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			an or y	A	~/		
Tra	avel Expense Cla	imuxit (12/09) jie	ber	(4) \$	(35.50	) (Rei	mbur	sed by	while	reder	sen	

#### Azumano Travel





\*\* Duplicate Electronic Invoice \*\*

For: PEDERSEN/RICHARD

OR State Dept, of Environmental

Ticket #: 7022677469

Cred Card #: VIXXXXXXXXXXX10165

Agent ID: EX

Invoice Number: 127511735

Invoice Date: 1/26/2012

Record Locator: WZ0RLO

Booked Date: 1/26/2012

AIRLINES 3/18/2012	Depart: PORTLAND, OR Arrive: SEATTLE TACOMA, WA	7:30 am 8:20 am	ALASKA AIRLINES	Flight #: 2246	Class; G
	Depart: SEATTLE TACOMA, WA Arrive: AUSTIN, TX	11:25 am 5:14 pm	ALASKA AIRLINES	Flight #: 0668	Class: H
3/21/2012	Depart: AUSTIN, TX Arrive: HOUSTON-INTL, TX	3:56 pm 5:00 pm	UNITED AIRLINES	Flight #: 1591	Class: K.
	Depart: HOUSTON-INTL, TX Arrive: PORTLAND, OR	5:50 pm 8:34 pm	UNITED AIRLINES	Flight#; 1193	Class; K

CARS

No Car Rentals



No Hotel Bookings

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7022677469:

\$555.70

Service Fee: 0554998221:

\$28.50



\$584.20

Attachment C March 20-21, 2013, EQC meeting Page 20 of 49

## DEPARTMENT OF ENVIRONMENTAL QUALITY TRANSMITTAL ADVICE

PJT# VO# CK# TRAN AMNT FOR THE ACCOUNT OF INV# CHECK NAME REASON FOR PAYMENT M20000 1,381.70 ECOS 22118 ENVIRONMENTAL COUNCIL OF THE STATES TRAVEL REIMBURSEMENT FOR DICK PEDERSEN - SHORT

1,381.70 TOTAL

7/2/12

Dick Pederson submitted check 5023 in the amount of \$ 35,50 to cover the provided meal on 3/20/12. The payment was applied as a ROX to VP 34267/001, object code 4151, project # M20000. 25 m

## DEPARTMENT OF ENVIRONMENTAL QUALITY TRANSMITTAL ADVICE

#### REDUCTION OF EXPENSE

CK#	TRAN AMNT	FOR THE ACCOUNT OF	VO#	PJT#
CHECK N	IAME	REASON FOR PAYMENT		INV#
502	3 35.50	RICHARD J PEDERSEN	VPT34267	M20000
DICK & COLL	EEN PEDERSEN	REIMB FOR MEALS		

(4) 35,50 TOTAL

CREDIT ACCOUNT OF TREASURER, STATE OF OREGON DEPT. OF ENVIRONMENTAL QUALITY DEQ - FTSCAL July Ogskess 2012 R-9 S OF 3-08 CONTROLLER'S COPY REVENUE SOURCE CHECKS: PLEAS LIST BY BANK NUMBER CURRENCY 34000-00401 24-22 SILVER 2 DEQ GENERAL FUND TOTAL NUMBER OF CHECKS DEPOSITED TOTAL DEPOSIT CENTS Wells Fargo Bank Northwest, N.A. 0050 35 pai

m0764030726m ::518200392: 1,159579143m

ROX

Page 1 of 1

DEPOSIT SLIP # 30726

\$35.50

03-Jul-2012

Item H 000026

ŕ	Page 22 of 49	35.10 GH45	_ Re	<u>.</u>		اريا	0 20 0		
***************************************	ratically. onding nent.	TOTALS	584.20	35.00 - \$ 619.20	17.75	\$ 159.75	638.25 - - \$ 638.25 \$ 1,417.20	ONLY	
	Instructions:	Day 9 Enter Date	ı		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			OFFICE USE ONLY	APPROVED CODE CHECK#
	ie COMPLETE ELECTRC nation. Calculations will ppy of this completed for \$25 and more to ECOS Phone: (202) 266-4920	Day/7	1		http://www.gsa.gov/Portal/gsa/ep/contentiview.go.gontentilype=GSA provided provided 35.50			July 1	COS
	LEASE COMPI nformation. Ci ard copy of this items \$25 and items \$25 and Phone: (2	Day/Z			entview do 70		212.75 SW212.75		
FORM	Instructions:  Type in the requested is please mail a signed had prignal receipts for all mail to:  ECOS  50 F St NW  Suite 350  Washington, DC 20001	2 - 8:30pm ©gay.6:78 Enfel/Date			al/gsa/ep/cont			nd date): 	\$71 12 18 36 36
REIMBURSEMENT FORM	Type in the r Please mail soriginal rece Mail to: ECOS 50 F St NW Suite 350 Washington	ECOS Spring Meeting  Austin, TX 3/18/12 - 7.30am; 3/21/12 Day, 4 Day, 5 Enter Date: Enter Date: 3/21/2012	-		gsa.gov/Porte			avel Policy (Please sign and dated and dated and dated and dated above Address (NEW USERS ONLY)	\$66 11 16 34 34
AVEL REIMB		ECOS Spri Austin, TX 3/18/12 - 7: Day 4 Enfer Date:		10.00	<del></del>	35:50	9	avel Policy (F	\$61 10 15 31
ECOS TRAVEL		Day 3 59		7.53	provided provided 35.50	—–(£::` <b> </b> —	<del>-   -   -   -   -                      </del>	with ECOS Tr	\$56 9 0 73 5 2 9 0 0
•	Ave gon @dea.state.c	Day 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		#	provided provided provided provided 35.50	25.25.25.35.50 26.70 Charles	212.75 212.75 212.75 212.75 23.212.75 212.75	accordance v	\$51 12 26 5
	Dick Pedersen Oregon DEQ 811 SW Sixth Ave Portland, Oregon 503-229-5300 503-229-6762 pedersen.dick@deq.state.or	/2012	\$584.20	25.00	:): See GSA page 17.75 35.50	53.25 38	212.75 212.75 212.75 ED (	\$ 0.510 orrect and in a Oregon DEQ	\$46 7 111 23 5 5
		nd Dates and	o)		TALS (M&IE	000 00000 QI	Ubfotale Tower	\$ ove claim is corrected to the To:  Address on File	Se m
	ADDRESS Name Organization Address City/State/ZIP Phone Fax Email	Meeting Name: Meeting Location: Travel Start and End Dates and Times English Pates of Tin (m/d/v): Start on Mid/v): Start on Mid/v M	TRANSPORTATION Air/Train Fare Personal Car Mileage	Mileage Charges Taxi/Van/Metro Airport Parking Transportation Subtota	MEALS & INCIDENTALS (M&IE): See GSA page for per diem rate Breakfast Lunch Lunch See GSA page for per diem rate Dinner See GSA page for per diem rate	M&IE:Subtotal: ARIE:Subtotal: ARIE:Subtotal: ARIE:Subtotal: ARIE:Subtotal: ARIE: ARI	Hotel Hotel and Other Subtotals  Sag Checker Other Internet Hotel and Other Subtotals GRAND TOTAL AMOUNT OWED	* current rate is  I certify that the above claim is correct and in accordance with ECOS Travel Policy ( <i>Please sign and date</i> )  Make Check Payable To:  Oregon DEQ  Mail Check to:  One on File  or	M&IE Breakdown Breakfast Lunch Dinner Incidentals
	ADDRESS Name Organization Address City/State/Zil Phone Fax Email	Meetir Travel	TRAN Air/Tra Persor	Mileag Taxi/V Trans	MEALS 8 Breakfast Lunch	M&IE:Sub	Bag Collins Hotel	* currer I certi: Make	M&IE Bree Breakfast Lunch Dinner Incidental

Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

March 20-21 2013 FOC meetingOUT-OF-STATE TRAVEL AUTHORIZATION

11 Narch 20-21, 2013, EQU me					,		
1. NAMPOBEARLOYAE. Dick Pedersen	2. AGENO DEQ / HO	Y/OFFICIAL STAT	ION:		3. REQUEST #: 10ペー1之		
4. AGENCY ACCOUNTING INFORMATION			5. TRAVEL JU	STIFICAT	ION ATTACHED?		
	•		☑ Yes		□No		
	oo+-M20000 ic, include dates/tim	es of meeting or	conference)				
Environmental Council of the States (ECO	S) Spring Meeting in Au	stin. Texas March	19-21, 2012, Di	ck repres	ents the state of	Oregon at this	
meeting.	o) opinig mooning in the	out, roman manar					
7. ITINERARY:		8. TRANSPOR	TATION: (A	irfare, t	rain fare or sta	ate motor	
	Austin, Texas	1	•	-	ental cars, see		
			ground transp	•		, ,	
Departure date/time: Jun, March	18, 2012, 7:30am		<b>3</b>		,		
					TOTAL:	\$556.00	
Return date/time: 1,1,2 March	21 2012 8·30nm						
Return date/time: Wid. March 9. LODGING: Lodging per diem rate:	\$108.00	10. MEALS:	Daily meal p	er diem	rate•	\$71.00	
	\$100.00	TO. MERCS.	barry mear p	Rate	# Meals	Total	
See Gori Hammand's Amount per night: Imail.	185.00	Breakfast: (2	2591	17.75	3	53.25	
Amount per night. email,	W. 103.00	Diedkidst: (	(2/6)	17.73	J		
Doom tow now wight:	27.75	Luncha (250)		17.75	4	71.00	
Room tax per night:	27.75	Lunch: (25%)	, <u> </u>	17.73	1	71.00	
# - C - : - 1. 4	2 1	D:	, <u> </u>	35,50	4	142.00	
# of nights:	3	Dinner: (50%	·)	33,30	4	142.00	
TOTAL	6/20 25 /				TOTAL	¢244.254	
TOTAL:	\$638.25				TOTAL:	\$266.25	
•	40.10.00.PO,	4	NEOUS COSTS:		(Identify spec		
Section 115. The State has a price		expenses	- taxis, shuttle	es, phon	e, vehicle mile	age, etc.)	
Enterprise Rent-A-Car. Optional ins	surance will not be						
reimbursed).		4	ate vehicle mi	leage		0.00	
Days @ \$31 plus tax, gas	TOTAL: \$0.00	b. Shut			(# of miles)		
	-		er (specify bel	ow)		40.00	
13. TRAINING RELATED? (if yes, at	tach agenda)	Bus an	d/or cab				
			•		TOTAL:	\$40.00	
☐ Yes ☑ No				are one company in the same			
14. STATUS:				12.0		Lapace are pro-	
Executive/Mgmt Svc:		(1995)	ATED COST OF	TRIP:	_		
AFSCME:		1353531	oortation:		\$556.00	· ·	
Other: Explain:		Lodgir	-		\$638.25		
		Meals:			\$266.25	<b>´</b>	
15. TRAVEL AWARDS: Agencies ar	e mandated to	Car Re	ental:		\$0.00	_	
maintain records on employee accu	mulation of travel	Misc:			\$40.00		
awards as reported on their travel $\epsilon$	expense detail					_,	
sheets. Travel awards include, but	may not be limited	TOTAL	-:		\$1,500.50	yem.	
to airline frequent flyer miles and h	otel or car rental						
frequent customer awards or miles.		<u> </u>			10126075366		
I certify that this trip is necessary		ormal discharge o	f DEQ responsil	bilities; t	hat required mo	nies are	
17. budgeted and alloted for expendit							
40.10.00) and DEQ policy.		-			•	•	
18. EMPLOYEE SIGNATURE			. D/	ATE: 1	/1/		
and the				``-' .	1912		
19. SUPERVISOR SIGNATURE			DA	NTE:			
20. DA/EMT SIGNATURE			D/	ATE:			
21. MSD DA SIGNATURE	//		DA	ATE:	10.1		
LAMIN -					131/12		
Out-of-State Travel Authorization Form.xlt				Γ	llam III	jleber 9/2008	

Email sent elilia.

1,417,20

Item H 000028

Attachment C March 20-21, 2013, EQC meeting

## Page 24 PA 10R 0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

门流珠丝	۶
(A) (An and A)	5
	•

T	RAVEL	EXPENS	SE DETA	IL SHEET			317/	/ \/	344.7.	0	
1. Name of E	mployee			2. Agency			3. Period (Mo	nth and Yea	3425		
	Dick F	Pedersen		DI	EQ	April 2012 Klamath Trip					
4. Official State HQ / Portla		•		5. Division/ Work Unit	6. Regular Schedule Work Shift						
		l Hanna	ment Servid	Executive Sel-lice	D Board/C	ommissid_	## 8 am - 5 pm				
•	esented U	=	_	SCME	Other	<b>-</b>		, 10,01110	□		ļ
Bargair	ning Unit Name		<u> </u>	OCIVIE		<u></u>					
8. Date	9. Time of Departure	10. Time of Arrival	11.	Destination .	12. Per Diem/ Hourly Allowance	Individu Breakfast	al Meal Reimi Lunch	oursement Dinner	13. Lodging	E .	I. Total and Lodging
04/10/12	8:00am		Travel to Me	dford 8.2/56 +12.			14.00	28.00	82.00	-4	38.00 124.00
04/11/12		8:00pm	Return to Po	rtland	56.00	14.00	14.00	28.00			6.00 ^
		<b>_</b>							<del>                                     </del>		
		<b></b>									
								<u> </u>			
•.		<u> </u>		2.2000 · · · ·			<u> </u>	<u> </u>	<u> </u>		
		<u> </u>			<del></del>		\				
						•					
				***************************************							•
a taran katalog Kirali (Kanan a					98.00				20.00		20.00
	1		1.7 T	<b>81_</b>	als <del>⊴12.00</del>	14.00	28.00	56.00 19.	82.00	<del></del>	<del>94.00°</del> 22.
16.			17.		lianeous Expenses			Training		Private Car	
	counting Coc	7	, Date	Fares, Private Mileage, Re Personal Vehicle Mil		ne, Other E	xpenses	Related?	Rate Per Mile 0.500	Miles	Amount
14010	41004	1		Personal Venicle IVIII	eage				0.500		
,	4101	98.00		Hotel Tax							7.38
•	4106	89.38	+	Rental Car							79.64
	4108	111.90	(	Gas for Rental					<u> </u>		32.26
		ļ			4.			-			
		ļ									
A GARAGE		<del> </del>							23, Section T	otal	6440.00
	Totals	299.28	7	ept travel awards as a re	and a cons	O Colored III	ith thin atal	a buginas			\$119.28
24, I did/ mandatory	Travel exp	ense reimb	ursement cla	ept traver awards as a re ims will not be processed ent customer awards or	d if this block is	left blan	k. Travel a	wards inc	luded, but m	ay not be lim	nited to , airline
25. REAS(	ON FOR TR	AVEL; (Be :	specific.)	oes, Lake County			rand Total A			\$3	99,281 <del>13.28</del>
				s in Southern Orego	on.	27. Tr	avel Advan	ce Amoun	t		
						28. Ar	nount Due l	Employee.	/State	<i>(</i> ) \$3	99,28 <del>43,28</del> %m
							eceived Tra	ining	Conduc	ted Training	
			reflect actual	30. Signature of Emp	oloyee	31. Til	tle				Date
			ntitled; that no led or will be	Willen			D	irector		04	1/12/12
claimed from	any other sour	ce.		22 Approved By		33. Ti	lio .				Da <b>t</b> e
duty required are available	expenses. Fu in the appro	inds for payme oved budget	are authorized int of this claim for the period	32. Approved By		- 33. 11		dministrat	or	4	20/12
covered and	have been alfo	tted for expend	siture.	NUVII						<del>//</del>	V. 112
				1 #299,28							
				(1) \$299,28 (2) \$167,60 +66.88	(See on	ut p	age)				
				466.88			Grant Co.	- 43			

#### Azumano Travel





#### \*\* Duplicate Electronic Invoice \*\*

For: PEDERSEN/DICK

OR State Dept. of Environmental

Ticket #: 7024307651

Cred Card #: VIXXXXXXXXXXXX10165

Agent ID: D9

Invoice Number: 120147771

Invoice Date: 3/2/2012

Record Locator: NF5FW3

Booked Date: 3/2/2012

AIRLINES

4/10/2012

Depart: PORTLAND, OR

Arrive: MEDFORD, OR

8:00 am 8:57 am ALASKA AIRLINES

Flight #: 2329

Class: L

4/11/2012

Depart: MEDFORD, OR

Arrive: PORTLAND, OR

6:55 pm 7:52 pm ALASKA AIRLINES

Flight #: 2094

Class; L

CARS

4/10/2012

ENTERPRISE

MEDFORD, OR

Type of Car: ICAR

Confirmation #: 764695134COUNT

# of Days: 1 Booked Rate (per day): \$32.02

HOTELS

No Hotel Bookings

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7024307651:

Service Fee: 0556367430:

\$159.60 \$8.00

(2)

\$167,60

Attachment C March 20-21, 2013, EQC meeting

# Page 26 of 49. (RA) 10R0127253 STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of E	nployee			2. Agency			3. Period (Mo	onth and Yea	r)	1_3	
	Diek E	Pedersen		DEC	)				Apr EQC 2	2012	
4. Official Stat		euersen		5. Division/ Work Unit	<del>-</del>		6. Regular Schedule Work Shift				
HQ / Portla	ind			OE	)	[J	  ##8am-8	om C	# Other		to
7. Unrepre	sented L	Manager	ment Servic	Executive Sd_lice ##		Commissid		. Volunte			7
Barnair	ing Unit Name	П	AF	SCME	Other						
Dargen	I	<u>,</u>			'				1	<u> </u>	
8.	9.	10.	11.		12.	Individu	al Meal Reim	bursement	13.	1.	4. Total
Date	Time of	Time of	}	Destination	Per Diem/	Breakfast	Lunch	Dinner	Lodging	Meals	and Lodging
	Departure	Arrival			Hourly Allowance						
04/25/12	10am		Travel to Ne	wport 8-4/56	28.00		prov	28.00	84.00	1	12.00 🔨
04/26/12					0	prov	prov	prov	84.00		84.00 🗸
04/27/12		5pm	Return to Po	rtland	28.00 <	14.00	prov	14.00			28.00 ′
				., <u></u> ,							<del></del>
	,										
								<u> </u>	<del> </del>		
		<u> </u>		*****	<u> </u>						
		· · · ·			<del>                                     </del>						
				45 50 4 1		44.00	<u> </u>	40.00	400.00 /	**	224.00
				15. Totals	56.00	14.00		42.00	168.00 ′	21.	
16.			17. 1	8. Miscellar	neous Expense	·s		19. Training	20	Private Car	22.
Ac	counting Cod	les	Date	Fares, Private Mileage, Roo			xpenses	Related?	Rate Per Mile	Miles	Amount
14010-	41004			Personal Vehicle Mile	age				0.555		
	<u> </u>										
	4101	514.00	] ]}	Hotel Parking (attach	receipts)_						
	4106	185.44						ļ			47.04.
			<u> </u>	Hotel Taxes							17.64
					-				-		
7-03-03-03-03-03-03-03-03-03-03-03-03-03-		<b> </b>								<u> </u>	
	Totals	241.64							23. Section To	otal	\$17.64
24. l did/\	vill di	d not/will r	ot acc	ept travel awards as a res	ult of, or ass	ociated w	ith this stat	e business	trip. Compl	etion of this	block is
mandatory.	Travel exp	ense reimb	ursement clai	ms will not be processed i	f this block i	s left blan	k. Travel a	wards incl	uded, but ma	ay not be lin	nited to , airline
frequent fly	er miles and	hotel or ca	r rental frequ	ent customer awards or m	iles. Reviev	<u>v instructio</u>	ons on reve	rse of the	form.		
25. REASC	N FOR TR	AVEL: (Be s	specific.)	oril 25-27, 2012		26 Gr	and Total	mount		\$2	41.64
Attena tn	e EAC III	seung in r	vewport, Ap	JIII 20-27, 2012		20. 01	and rotarr	dilount		<u> </u>	
				•		27 Tr	avel Advan	се Атоил	ł		
											- m
						28. An	nount Due	Emplovee/	State	· \$2	41.64 ŋ <sup>ৄ/ኅ</sup> ົ
·							ceived Tra			ted Training	
L certify that	all reimbursen	nents claimed	reflect actual	30. Signature of Emplo	yee	31. Tit					Date
duty required	expenses or	allowances ei	ntitled; that no	1 // . //	/ /		5	t		0.0	:/04/40
	has been he any other sour		ed or will be	Wihla	4		บ	irector		U	5/01/12
Same IIOIR	any valet soult	<del>~.</del>		32. Approved by	/	33. Til	le		<del></del>		Date ,
			are authorized	LAMAN						اسسر	/ /
			nt of this claim for the period	LAHHH 1/2			MSD A	dministrate	or	<u> </u>	7/ <i>[h</i>
	ave been allot			Jesu. C							1/1/2

Attachment C March 20-21, 2013, EQC meeting Page 27 (1044) 10 R0127253

## STATE OF OREGON RAVEL EXPENSE DETAIL SHEET

|--|

IKAVEL EXPENSE DETAIL SHEET								333/VPT34415						
1. Name of Employee 2. Agency								3. Period (Month and Year)						
	Dick P	edersen			DEQ		-	May 2012 Eastern Region						
4. Official Station 5. Division/ Work Unit						•	6. Regular Schedule Work Shift							
HQ / Portla	nd			OD □#					## 8 am - 5 pm					
7. Unrepre	sented L	Manager	nent Servic	Execu	ıtive Sd≟ice ##	Board/0	Commissid_{		, Volunte					
Bargain	ing Unit Name	П	AF	SCME		Other	<u> </u>							
3,	9.	•	11.		. ]	12.		al Meal Reimb		13. Lodging		I. Total and Lodging		
Date	Time of Departure	Time of Arrival		Destination		Per Diem/ Hourly	Breakfast	Lunch	Dinner	roddeð	tucara e	and coogsig		
	Departure	Autroi		46		Allowance	N/A	W/A	00.00	77.00 /		00.00		
05/02/12	1pm		Leave For La	*	23.00	4 <del>6,00-</del>	44:58 V	11.60 pl	23.00	77.00 ^	4	<del>23.00</del>		
05/03/12			Leave for On	tario		46.00	11.50	11.50	23.00			11.50		
05/04/12				-10		34.50	11.50	prov	23.00 23.00	77.00 ° 25.00		71.00		
05/05/12						46.00	11.50	11.50	23.00	77.00		23.00 -		
05/06/12			Leave for Pe	ndleton		46.00 / 46.00 /	11.50 11.50	11.50 11.50	23.00	77.00		23.00		
05/07/12		<u> </u>				23.00	11.50	11.50	prov	77.00		00.00		
05/08/12						46.00	11.50	11.50	23.00	77.00	_	23.00 -		
05/09/12	. ;	Enm	Return to Po	dland .	2	46.00	11.50	11.50	23.00	77.00		16.00-123.00		
05/10/12		5pm	Neturi to For	idand )	·	34.50	11.50	11.50	11.50	7 7.00		4.50'		
5/11/12						3.430	11,00	111, 50	11.00			1,000		
		<del> </del>								<b></b>				
						391.00			195:50	64400		032.00		
12 3 G. H.	\$ 10 P				15. Totals		103.50	92.00	4 <del>84:00</del> -	<del>-504.00</del>		<del>43.50</del>		
16.			17.	3.				· · · ·	19.	20		22.		
			]	Cara Dáis	Miscellane ite Mileage, Room	eous Expense	s one Other F	vnancae	Training Related?	Rate Per Mile	Private Car Miles	Amount		
	counting Cod	les	Date F		ehicle Milea		one, Oaler L	хренеса	rtoatour	0.500				
14010-	41004		·	Orochiai v	ornore miner	.90								
	4101	391.00		otel Tax I	aGrande 5/	2						7.70		
	4104	706.25			Ontario 5/3 8							15.40		
<del></del>	11.17.50	100000			Pendleton 5/		19 00 of	#77)			34.05	) 41 <del>.30-</del>		
					4 (5 migh		, ,					7.50		
	•••	Ī												
501200		[ <u>.</u> .								23, Section T	otal	\$64.40		
24. <b>l did</b> /\	Totals	<u> </u>	- L	ant traval au	ards as a resu	dioforass	ociated w	ith this state	- business	trip Compl	etion of this			
24. I didA mandatore	up <u> </u>	ia novwill r sense reimb	ursement clai	apt traver awa	aius as a iesu e processed if	this block	is left blan	k. Travel a	wards incl	uded, but ma	ay not be lin	nited to , airline		
frequent fly	er miles and	d hotel or ca	r rental frequ	ent customer	awards or mi	les. Revie	w instructio	ons on reve	rse of the	form.				
25. REASO	N FOR TR	AVEL: (Be s	specific.)								642	097.36 <del>007.90</del>		
					ck's visit he		26. Gr	and Total A	mount	<del>,</del>	ψΨζ	001100		
					resentatives		27 Te	avel Advan	aa Amasini					
					rom the Dep		21. 110	averAuvan	ce Amoun			097,25		
		nt Saturda	y evening i	n the Easte	ern Region,	but did	28 An	nount Due I	: Employee/	State	\$4 <del>.</del>	007.90×m		
not stay i	n a hotel.						-	ceived Tra			ted Training			
1		mento oloimod	L roflect actual	30. Signat	fure of Employ	/ee	31. Tit		······9		<u>.</u>	Date		
i centry that duty required	all reimourser expenses or	nenis cialineo allowances e	reflect actual intitled; that no	(	7 - 7 '							1,-1,0		
part thereof	has been he	retofore claim	ed or will be	1/2	Ech		7 ·	D	irector		5	1115/17		
caimed from	any other sour	ce.		32. Approx	red#Syl-7		33. Tit	le				esse /		
			are authorized	1/1	141/1	~	"					1.61		
duty required are available	expenses, Fu	inds for payme oved budget	ent of this claim for the period	1111	11/1/		-1	MSD A	dministrate	or	- 3/	10 M		
are available in the approved budget for the period						<del></del>	-/ 17//6							

Attachment C March 20-21, 2013, EQC meeting

## Page 28 (RA) 10R0127253 TRAVEL EXPENSE DETAIL SHEET



14 Marea of F	maloues			12 Agency	~~	<u> </u>	3 Period (M	onlb and Yes	1 3 F	TUS	
1. Name of E				2. Agency	3. Period (Month and Year)						
4. Official Sta		Pedersen		5. Division/ Work Unit	5.2012 Clean Pacific 6. Regular Schedule Work Shift						
HQ / Portla					, n	E	## 8 am - 5 pm				to
7. Unrepre	sented [	Manager	ment Servic		DD ## Board/	Commissid		Volunte		-	10
-	ing Unit Name			FSCME	Other						
8. Date	9, Time of Departure	10. Time of Arrival	11.	Destination .	12. Per Diem/ Hourly	Individu Breakfast	al Meal Reim Lunch	bursement Dinner	13. Lodging	1	4. Total and Lodging
05/15/12	1:00pm		Leave for L	ong Beach 125/71	35,50 <sup>2</sup>	<del>                                     </del>	<del>                                     </del>	35.50	125.00	`	160.50
05/16/12	11000111	8:00pm	Return to P		53.25	17.75	prov	35.50			53.25
		1	[								
					_	<u> </u>					
							ļ			-	
						ļ	<u> </u>				
	'			- 1.10/E-F-21		<del> </del>	<del> </del>	<del> </del>	<u> </u>	<u> </u>	
<b> </b>			ļ				<del> </del>	<del> </del>			
<u> </u>		-					<del> </del>	<u> </u>	ļ		
		<del>  -</del> -	<u> </u>					<u> </u>			
<u> </u>						<b>1</b>		ļ			
				. 15. Tota	als 88.75	17.75		71.00	125.00	\$2	213.75
16.	* (2.4) * (5.6) * (4.1) * (4.1)		17.	18.	•	L	•	19.	20	21.	22.
	counting Cod	los	Date	Miscel Fares, Private Mileage, Re	laneous Expense		voenses	Training Related?	Rate Per Mile	Private Car Miles	Amount
14010-		162	Date	Personal Vehicle Mil		ono, outer t	жропосо	·	0.500	1111100	74114411
1.40.00	111111111										
	4151	88.75		Hotel Tax							18.88′
		143.88									
	4140	55.20		Taxi (27.60 each wa	<u>y)</u>						55.20
								<del>  -</del>			
ļ		<u> </u>			·			<del> </del>	<b></b>		
	Tatala	222.20		and the state of t					23. Section T	otal	\$74.08
24. I did/v	Totals ∪III di	1 <i>287,83</i> d not/will n	ot 🗸 sc	cept travel awards as a re	esult of or ass	sociated w	ith this stat	e business	trio Como	etion of this	
mandatory.	Travelexo	ense reimb	ursement cla	aims will not be processed	d if this block	is left blan	k. Travel a	wards incl	uded, but ma	ay not be lin	nited to , airline
frequent fly	er miles and	i hotel or ca	ir rental frequences	uent customer awards or	miles. Revieu	w instructi 1	ons on reve	erse of the	torm.		
Travel wa	as to atten	d the Cle	an Pacific	Conference in long E	Beach.		and Total			\$2	87.83
				d the Executive Sess							
'	•				,	27. Tr	avel Advan	ce Amoun	t		
						1				(1) ¢c	:87.83 1 <sup>U/1<sup>N</sup></sup>
							nount Due			(1) \$2	87.83 T
<u> </u>				30. Signature of Emp	Myha	29, Re	eceived Tra	ining	Conduc	ted Training	Date
			reflect actual htitled; that no	Su. Signature of Line			uc				Duto
part thereof	has been he	retofore claim	ed or will be	1/ hKg	k		D	irector		0.9	5/17/12
claimed from	any other sour	ce.		32. Approved By		33. Ti	Ho				Date
			are authorized	52. Approved by		33. 11	ue			<u> </u>	_/ <i>I</i>
are available	in the appro	ved budget f		SILLOW	0	AC	ACILYMSD Administrator 5722/				122/12
	ave been allot	ted for expend	liture.	1/1/		<del> </del>			<del></del>	<u>·</u>	
05	ris,			I tak.	NEZSO	~					•
				1 \$287.83		•					:

2# 197,60 (Su mest page) #485,43

## Azumano Travel





#### \*\* Duplicate Electronic Invoice \*\*

For: PEDERSEN/DICK

OR State Dept. of Environmental

Ticket #: 7024307650

Cred Card #: VIXXXXXXXXXXXX10165

· Agent ID: D9

Invoice Number: 120147770

Invoice Date: 3/2/2012

Record Locator: N8LMW1

Booked Date: 3/2/2012

AIRLINES

5/15/2012

Depart: PORTLAND, OR

Arrive: LONG BEACH, CA

12;40 pm 3;00 pm ALASKA AIRLINES

Flight #: 3478

Class: T

5/16/2012

Depart: LONG BEACH, CA

Arrive: PORTLAND, OR

5:00 pm 7:25 pm ALASKA AIRLINES

Flight #: 3479

Class: T

CARS

No Car Rentals

HOTELS

No Hotel Bookings

Summary of Charges

Service Fee: 0556367429:

ALASKA AIRLINES -- Ticket #: 7024307650 :

\$189.60

\$8.00

(2)

\$197.60

Attachment C Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION

Page 30 of 49 11. NAME OF EMPLOYEE;	13 YCENCA	OFFICIAL STATION	I•		3. REQUEST	#•			
Dick Pedersen	DEQ / HQ	OFFICIAL STATION	1,		139-12				
4. AGENCY ACCOUNTING INFORMATION (fun		ber): 5	TRAVEL JUST	IFICAT	IFICATION ATTACHED?				
13 14010 41004		,.	☑ Yes		□No				
	include dates/time	s of meeting or co	nference)						
Travel is for the Clean Pacific Conference being				endina	the Executive S	Session on Mav			
15 and the Conference May 16.		,,	•			,			
	,								
***************************************									
	•								
7. ITINERARY:	.=	8. TRANSPORTA	ΠΟΝ: (Air	fare, t	rain fare or st	tate motor			
Destination city/state: Long	Beach, CA	pool vehicle	(circle one).	For re	ental cars, see	e #11,			
		for misc. gro	und transport	ation,	see #12)				
Departure date/time: Jues, May 15,	2012 12:30pm	_							
,					TOTAL:	\$200.00			
Return date/time: Wed, May 16,									
9. LODGING: Lodging per diem rate:	\$125.00	10. MEALS: Da	aily meal per	diem	rate:	\$71.00			
	•			late	# Meals	Total			
Amount per night:	125.00	Breakfast: (25%)		7.75	<u> </u>	17.75			
					·				
Room tax per night:	18.88	Lunch: (25%)		7.75	11	17.75			
, , , , , , ,			I	1 = 4	<del>,</del>	1			
# of nights:	1	Dinner: (50%)	<u> </u>	5.50 <sup>-</sup>	2	71.00			
TOTAL.	** 42.00 Z				TOTAL	6407 50			
TOTAL:	\$143.88				TOTAL:	\$106.50			
/C O411 40 4	10.00.00	40 1110051 1 1115	OLIC COSTS		41	. 201 .			
11. CAR RENTAL: (See OAM 40.	•	12. MISCELLANE			(Identify spe				
Section 115. The State has a price agree		expenses - ta	ixis, snutties,	pnone	e, vehicle mil	eage, etc.)			
Enterprise Rent-A-Car. Optional insural	nce will not be	a Privata	vahiala milas			0.00			
reimbursed).  Days @ \$31 plus tax, gas TO	TAL: \$0.00	b. Shuttle	vehicle milea	ige	(# of miles)	_ 0.00			
Days & 331 plus tax, gas	TAL. 30.00	<b>≟</b>	Pacify balaw	Α.	(a 27 //22)	40.00			
13. TRAINING RELATED? (if yes, attach	y agenda)	c. Other (s	specify below	)	•	40.00			
13. HOMINIO RELATED: (II yes, accaci	i agenda)				TOTAL:	\$40.00			
☐Yes ☐No						7 70.00			
14. STATUS:									
☐ Executive/Mgmt Svc:		16. ESTIMATE	D COST OF TR	(IP:					
☐ AFSCME:		Transport			\$200.00	) ^			
Other: Explain:		Lodging:			\$143.88	E			
		Meals:			\$106.50	) ^			
15. TRAVEL AWARDS: Agencies are ma	andated to	Car Renta	al:		\$0.00	)			
maintain records on employee accumula	ation of travel	Misc:			\$40.00	) /			
awards as reported on their travel expe	nse detail				•	<del>-</del> .			
sheets. Travel awards include, but may	not be limited	TOTAL:			\$490.38	3 12 m			
to airline frequent flyer miles and hotel	or car rental					⇒′			
frequent customer awards or miles.									
I certify that this trip is necessary and									
17. budgeted and alloted for expenditure	; that the trip meets	all the requirement	nts mandated	by ORS	292.230, OAA	A Policy			
40.10.00, and DEQ policy.					4-17	12			
18. EMPLOYEE SIGNATURE / /			DATE	: /->	2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(XM/U		· · · · · · · · · · · · · · · · · · ·		41					
19. SUPERVISOR SIGNATURE			DATE	:		•			
20. DA/EMT SIGNATURE			DATE	:	(1 /	•			
21. MSD DA SIGNATURE		. "	DATE	: 4	2 Alem 150	00035			
Out-of-State Travel Authorization Form.xlt &	railsent 4/20/12	489	.43			jleber 9/2008			

Attachment C March 20-21, 2013, EQC meeting

## Page 31 of A | OR 01 27 253 STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 2. Agency 1. Name of Employee 6.2012 ECOS STEP Conference DEQ Dick Pedersen 6. Regular Schedule Work Shift 5. Division/ Work Unit 4. Official Station HQ / Portland ## 8 am - 5 pm ☑ # Other Unrepresented Management Servic Executive Se\_lice Volunte\_\_\_ Other Bargaining Unit Name 12. Individual Meal Reimbursement 14. Total 11. Meals and Lodging Per Diem/ Lodging Breakfast Lunch Destination Date Time of Time of Houriv Departure Arrival 224/71 ABowance 17,75 35.50 259.00<sup>A</sup> 312.25 06/04/12 6:00am Travel to Washington DC 53.25 71.00 17.75 35.50 71.00 17.75 06/05/12 prov 17.75 35.50 1 35.50 17.75 votq 06/06/12 Prov 53.25 53.25 17.75 35.50 06/07/12 prov **b** co A 53.25 53.25 35.50 17.75 06/08/12 prov prov 17.75 71:00 17.75 17.75 71.00 53.25 06/09/12 3:00pm Return to Portland 53.25 A ONEN providen som note was approved by anni Hammond 578,50 319.50 71.00 259.00 \$596.25 88.75 159.75 15. Totals <del>337.2</del>5 Prîvate Car Training Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mik Amount **Accounting Codes** Date Personal Vehicle Mileage 0.555 14010-41004 2,25 Parking for LCREP Policy Summit on 6/1 41.50 Taxi to PDX on 6/4 Taxi to Airport on 6/9 20.001 11 41.00 Taxi to home on 6/9 40.001 Luggage Receipt (\$20 each way) 37.56 Hotel taxes \$182,317 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form. 25. REASON FOR TRAVEL: (Be specific.) 760.81 \$778.56 Travel was to attend the Environmental Council of the States (ECOS) 26. Grand Total Amount STEP Conference in Washington DC. Dick is Secretary Treasurer. 27. Travel Advance Amount ECOS provided lodging for the dates of the meetings and conference. 760,81 \$<del>778.5</del>6 Dick went a day early to meet with various legislators. Also included 28. Amount Due Employee/State is Parking for the LCREP Policy Summit. Dick was a presenter at the Conducted Training 29. Received Training 30. Signature of Employee 31. Title Date I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no Director 06/12/12 part thereof has been heretofore claimed or will be claimed from any other source. 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure. 05 rec. (1) \$760.81 (2) \$616.20 (See nest page)

\$1,377,01

#### Azumano Travel





\*\* Duplicate Electronic Invoice \*\*

PEDERSEN/DICK

OR State Dept. of Environmental

Ticket #: 7026033050

Credit Card #: VIXXXXXXXXXXX10165

Agent ID: D9

Invoice #: 120157352 Invoice Date: 4/4/2012

Record Locator: NFVH9U

Booked Date: 4/4/2012

		100000 10000000000000000000000000000000				
AIRLINES	6/4/2012	Depart: PORTLAND, OR Arrivo: LOS ANGELES, CA	6:40 am 9:09 am	ALASKA AIRLINES	Flt No.: 0560	Class: K.
		Depart: LOS ANGELES, CA. Arrive: WASHINGTON-NATIONAL, DC	12:55 pm 8:58 pm	ALASKA AIRLINES	Flt No.: 0006	Class: K
	6/9/2012	Depart: WASHINGTON-NATIONAL, DC Arrive: LOS ANGELES, CA	9:10 am 11:43 am	ALASKA AIRLINES	Flt No.: 0005	Class: V
		Depart: LOS ANGELES, CA	12:40 pm	ALASKA AIRLINES	Flt No.: 0569	Class; V

2:55 pm

CARS

NoCarRentals;



No Hotel Bookings:

Arrive: PORTLAND, OR

Summary of Charges

ALASKA AIRLINES -- Ticket #: 7026033050:

\$608.20

Service Fee: 0556830290:

\$8.00 \$616.20



Tax Information

Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION 1. NAME OF EMPL 8YES 2. AGENCY/OFFICIAL STATION: 3. REQUEST #: Dick Pedersen DEQ / HQ 42-12 5. TRAVEL JUSTIFICATION ATTACHED? 4. AGENCY ACCOUNTING INFORMATION (fund code or Q-Time number): 13 14010 41004 (Be specific, include dates/times of meeting or conference) 6. PURPOSE OF TRIP: Environmental Council of the States (ECOS) State Environmental Protection (STEP) in 2012 Conference, being held in Washington DC, June 7-9, 2012. Dick represents the state of Oregon at this meeting. He will also be speaking at this conference. Dick also plans to have hill visits and meetings with EPA while there. (Airfare, train fare or state motor 8. TRANSPORTATION: 7. ITINERARY: pool vehicle (circle one). For rental cars, see #11, Destination city/state: Washington, DC for misc. ground transportation, see #12) Departure date/time: mon. June 4, 2012 6:40am TOTAL: \$608.00 Return date/time: Sat. June 9, 2012 3:00pm Daily meal per diem rate: \$71.00 9. LODGING: 10. MEALS: Lodging per diem rate: \$224.001 The over per dien room Rate # Meals Total 17.75 88.75 259,00 Amount per night: Breakfast: (25%) rate was approved by 17.75 Room tax per night: 37.55 Lunch: (25%) 6 106.50 Joni Hammond 5 1 35,50 5 177.50 # of nights: Dinner: (50%) TOTAL: TOTAL: \$1,482.75 \$372.75 12. MISCELLANEOUS COSTS: (Identify specific 11. CAR RENTAL: (See OAM 40.10.00.PO, expenses - taxis, shuttles, phone, vehicle mileage, etc.) Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be 0.00 a. Private vehicle mileage reimbursed). (# of miles) \$0.00 b. Shuttle Days @ \$31 plus tax, gas TOTAL: 40.00 c. Other (specify below) 13. TRAINING RELATED? (if yes, attach agenda) Baggage fus TOTAL: \$40.00 □Yes □ No 14. STATUS: (J 16. ESTIMATED COST OF TRIP: Executive/Mgmt Svc: Transportation: \$608.00 AFSCME: \$1,482.75 Lodging: Other: Explain: Meals: \$372.75 \$0.00 15. TRAVEL AWARDS: Car Rental: Agencies are mandated to \$40.00 Misc: maintain records on employee accumulation of travel awards as reported on their travel expense detail \$2,503.50 7 TOTAL: sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles. I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and alloted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 17. 40.10.00, and DEQ policy. DATE: 18. EMPLOYEE SIGNATURE DATE: 19. SUPERVISOR SIGNATURE 20. DA/EMT SIGNATURE DATE:

Out-of-State Travel Authorization Form.xlt

21. ASD DA SIGNATURE

Email sent 4/20/12.

1,377,61

jleber 9/2008

H)000038

Attachment C March 20-21, 2013, EQC meeting Page 3(RFA) 10R0127253

# STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency Dick Pedersen DEQ 6.2012 Pendleton 4. Official Station 5. Division/ Work Unit 6. Requier Schedule Work Shift HQ / Portland ☑ # Other □##8am-5pm Unrepresented Management Servic Executive Se. lice Volunte... **AFSCME** Bergaining Unit Name Other 12 Individual Meal Reimbursement 14. Total Per Diem/ Lodging Meals and Lodging Date Time of Time of Destination Breakfast Lunch Dinner Departure Arrival Hourty 88.50 06/28/12 6:30 pm Travel to Pendleton ファーナル 11.50 11.50 77.00 34.50 06/29/12 Return to Portland 11.50 11.50 11.50 34.50 77.00 4 \$123.00 46.00 11.50 11.50 23,00 15. Totals: 19. Private Car Training Miscellaneous Expenses **Accounting Codes** Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles 0.555 Personal Vehicle Mileage 1-+010--41004 Parking at Airport 18.00 4101 46,00 35.48 4106 85.43 Rental Car 8.43/ 4108 53.48 Hotel Tax 23. Section Total \$61.91 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent fiver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$184.91 26. Grand Total Amount Travel was to speak at the Oregon Cattlemen Conference held on June 29, 2012. 27. Travel Advance Amount \$184.91/ 28. Amount Due Employee/State 29. Received Training Conducted Training Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be Director 06/12/12 claimed from any other source. 33. Title Approved By certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been alfotted for expenditure

#### Azumano Travel





\*\* Duplicate Electronic Invoice \*\*

PEDERSEN/RICHARD JOHN

OR State Dept. of Environmental

Ticket #: 7030498861

Credit Card #: VIXXXXXXXXXXX10165

Agent ID: C3

Invoice #: 127523321

Invoice Date: 6/21/2012

Record Locator: S6J57W Booked Date: 6/21/2012

AIRLINES

6/28/2012

Depart: PORTLAND, OR

Arrive: PENDLETON, OR

6;30 pm

WINGS OF ALASKA

Flt No.: 3313

Class: M

7:30 pm

6/29/2012

Depart PENDLETON, OR Arrive: PORTLAND, OR

2:15 pm 3:15 pm WINGS OF ALASKA

Flt No.: 3324

Class: H

CARS

6/28/2012

HERTZ

PENDLETON, OR

Car Type: ICAR

Tax Information

Confirmation #: F5130703757

# of Days:

Booked Rate (per day): \$32.25

HOTELS

No Hotel Bookings:

Summary of Charges

WINGS OF ALASKA -- Ticket #: 7030498861:

\$226.60

Service Fee: 0557425107:

\$8.00

\$234,60

Attachment C March 20-21, 2013, EQC meeting Page 76 At 490 R.Q. 127, 253

# STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



323/VPT34921

1. Name of E	mployee			2. Agency		•		2 Letton fatt	Jillit alių Tea				
		Pedersen			DEQ			7/16/12 - 7/17/12 6. Regular Schedule Work Shift					
4. Official Stat	tion Portland HO	3		5. Division/ Work \									
			ment Service	B Evecutive	OD Service	Board/	Commission	8 am - 5 pm Other to					
· ·	esented		_	a	S OUT TOOL	'	<u> </u>	للسط	· p;umoo	1			
Bargair	ing Unit Name		AF	SCME		Other				·····	<u> </u>		
8. Date	9. Time of	10. Time of	11.	Destination		12. Per Diem/	Individu Breakfast	ual Meal Reim	bursement Dinner	13. Lodging	I .	4. Total and Lodging	
	Departure	Amval				Hourly Allowance				100.00 /	,	20150	
07/16/12	2:30pm		Arlington, VA		<i>L</i>	35.50	47.75	17.75	35.50 35.50	169.00 1		204.50 <b>/</b> 71.00 <b>/</b> ·	
07/17/12		8:00pm	Arlington / Po	ortiand	·	71.00 <	17.75	17.75	35.50			71.00	
										<u> </u>			
					•								
					10.								
				<u> </u>	<u> </u>					ļ			
	<u> </u>	ļ		<del></del>				ļ	ļ				
		<del> </del>						<del> </del>				,	
			-			<u>.</u>							
					ALC: 30 .								
										<u> </u>			
				1.	5. Totals	106.50	17.75	17.75	71.00	169.00	\$2	275.50	
16.			17. 18	<b>2</b>			l	<u> </u>	19.	20	21.	22.	
			Date	Fares, Private N	Miscelland	ous Expense	s one Other F	·vnenses	Training Related?	Rate Per Mile	Private Car Miles	Amount	
10001-	42004-	M20000		Personal Vehi			Dito, Other C	хрепосо	1	0.555			
10001	12001					<b>y</b>							
11.	4151	104.50	F	Room Tax								16.90	
	4150	185.90								ļ		1	
		<del>                                     </del>		···						<del>                                     </del>			
		<del> </del>		<del>_</del>		7.5				<del> </del>			
	· ·									23. Section To	otal	440.00/	
	Totals	292:40		ept travel award:		14 at as as	a alatad w	ille this stat	o bueiness	1		\$16.90	
24. I did/\	dt <u>لــا  ا</u> االا Travel exc	ia novwiii.n sense reimb	ıot <u>ri⊃</u> acc∈ ursement clai	ns will not be pr	s as a resu rocessed if	this block	is left blan	k. Travel a	wards incl	luded, but ma	ay not be lin	nited to , airline	
frequent fly	er miles and	d hotel or ca	ir rental freque	ent customer aw	vards or mi	les. Revie	w instruction	ons on reve	erse of the	form.			
	ON FOR TR		specific.) Budget Fort	ım			26. Gr	and Total	Amount		\$2	92.40	
opono ui			g		٠.		27 Te	avel Advan	co Amoun				
							21, 11	avernovan	OC FAITOUT	<u> </u>	(I) as	22 42 2 1	
							-	nount Due			<del></del>	92.40 γ <sup>(1</sup>	
				30. Signature	of Employ	ee	29. Re	ceived Tra	ining	Conduc	ed Training	Date	
			reflect actual ntitled; that no	77	66.				A		۸		
duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be					Jin			PIREC	IOK		AM	18,2012	
claimed from any other source.  32. Apprøved/By						33. Tit	ie				Date		
duty required are available	expenses, Fu in the appro	nds for payme oved budget f	are authorized nt of this claim for the period	4/2	Py	0	Ac	7 KG 1	4/50,	ADMIN	r sTAGS	R 8/10/	
covered and )	have been allot	tted for expend	inure.	J. For	KN	EZ SKA	7'						
00.	nc.			(1) \$t 29.	2.40	~~ (	•				. 41		
				<u> </u>		Reim	bursen	lbu, m	itsid.	partin	- les m	ept page	
Tr	avel Expense Cla	aîm.xit (12/09) je	eber	**************************************		i auri	- ; rex	200		yen ong	Item H		
				#o		•							

#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

#### TRAVEL VOUCHER EXPENSE WORKSHEET

TRAVELER INFORMATION

NAME: DICK PEDERSEN

HOME ADDRESS: 811 SW 6th Portland, DR 97204

TELEPHONE NUMBER: 503-229-5300

EMAIL: pedersen, dick@deq. state. or, US

DATES OF TRAVEL

ENDING DATE:

BEGINNING DATE: 7-16-12

7-17-12

DEPARTING FROM: PDK

**RETURNING TO:** 

EXPENSES PLEASE ATTACH ALL RECEIPTS	FIRST EXPENSE	DATE INCURRED	SECOND EXPENSE	DATE INCURRED	THIRD EXPENSE	DATE INCURRED
AIRFARE IF DIRECT BILLED:	,	٠		_		
PUBLIC TRANSIT COST (TAXI OR METRO)						
PRIVATE AUTO MILEAGE:						
TOLLS:					-	
RENTAL CAR:						
RENTAL CAR GAS:						
LODGING COST:	169	7-16-12				
HOTEL TAX:	16.90					
INTERNET CONNECTION FEE'S:						
HOTEL PARKING:						
AIRPORT PARKING:		•				
ATM FEE'S:				-		
CONFERENCE REGISTRATION FEE:						
WERE ANY MEALS PROVIDED? No			_53,25	7/14/12	53.25	7/17/12
OTHER (SPECIFY)	:					

PLEASE FAX COMPLETED FORM TO 513-487-2595 ATTN; SARAH WILLIAMS 513-487-2089

Item H 000042

## Attachment C OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY March 20-21, 2013, EQC meeting OUT-OF-STATE TRAVEL AUTHORIZATION

4. AGENCY ACCOUNTING RIFORMATION (fund code or Q-Timo number):    STRAYEL JUSTFICATION ATTACHED   Pives	1. NAME OF EMPLOSYEE:			OFFICIAL STATI	ON:		3. REQUEST #	:
10001-42004-M20000   G. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference)   Dick was invited by EPA to speak at their annual Budget Forum on July 17, 2012 in Arington, Virginia. EPA will be covering all costs.	Dick Pedersen		DEQ / HQ					
A. PURPOSE OF TRIP: (Be specific, include dates/times of meeting or conference) Dick was invited by EPA to speak at their annual Budget Forum on July 17, 2012 in Arlington, Virginia. EPA will be covering all coals.  7. ITINERARY: Destination city/state: Arlington, Virginia Departure date/time: Proc., July 16, 8:45em Return date/time: Proc., July 17, 7:40pm Proc.,		FORMATION (fund code or	Q-Time number	er):				? '
Dick was invited by EPA to speak at their annual Budget Forum on July 17, 2012 in Arlington, Virginia. EPA will be covering all costs.  7. ITINERARY: Destination city/state: Arlington, Virginia Departure date/time: Thon, July 16, 8:45am Return date/time: Tuo, July 17, 7:40pm  9. LODGING: Amount per night: 169.00  Room tax per night: 17.32  # of nights:  1 / TOTAL: \$186.32  11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-Acar. Optional insurance will not be reimbursed). Days @ \$31 plus tax, gas TOTAL: \$10.00  TOTAL:		(Ro specific include	dates/times	of meeting or	conference	۹)	·	
Destination city/state: Arlington, Virginia Departure date/time: 71000, July 16, 8345am  Return date/time: 71000, July 16, 8345am  P. LODGIRG: Lodging per diem rate: \$169.00'  Amount per night: 169.00  Room tax per night: 17.32  # of nights: 1'  TOTAL: \$186.32'  10 MEALS: Daily meal per diem rate: \$71.00'  Rate # Meals Total  17.75							rill be covering a	II costs.
Destination city/state: Arlington, Virginia Departure date/time: 71000, July 16, 8345am  Return date/time: 71000, July 16, 8345am  P. LODGIRG: Lodging per diem rate: \$169.00'  Amount per night: 169.00  Room tax per night: 17.32  # of nights: 1'  TOTAL: \$186.32'  10 MEALS: Daily meal per diem rate: \$71.00'  Rate # Meals Total  17.75	7 ITINEDADY.			8 TOANCOOT	'ATION:	(Airfare to	rain fare or st	ate motor
Departure date/time: Total. July 16, 8:45am  Return date/time: July 17, 7:40pm  9. LODGING: Lodging per diem rate: \$169.00'  Amount per night: 169.00 Breakfast: (25%) 17.75 1 17.75  Room tax per night: 17.32 Lunch: (25%) 17.75 2 35.50  # of nights: 1'  TOTAL: \$186.32'  TOTAL: \$186.32'  TOTAL: \$186.32'  TOTAL: \$186.32'  11. CAR RENTAL: (See OAM 40,10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed).  Days @ \$31 plus tax, gas TOTAL: \$0.00  Days @ \$3		Arlington, Virg		pool vehicl	e (circle o	ne). For re	ntal cars, see	j.
Section   State   St	Departure date/time:	mon, July 16, 8:45	am	EPA will	'ipay dir		·	\$0.001
9. LODGING: Lodging per diem rate: \$159,00'  Amount per night: 169,00  Room tax per night: 17.32  # of nights: 1'  TOTAL: \$186.32'  11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed!)  Days @ \$31 plus tax, gas TOTAL: \$0.00  13. TRAINING RELATED? (if yes, attach agenda)  Days @ \$31 plus tax, gas TOTAL: \$0.00  14. STATUS:  AFSCME: Other: Explain:  Other: Explain: \$16.32'  15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent customer awards or miles.  1 certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monles are voluments and loted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.  19. SUPERVISOR SIGNATURE  DATE: Date: Total awards in the proper diem rate: \$71.00  10. MEALS: Daily meal per diem rate: #Meals #Meals #Meals 177.5 1 1 17.75  10. TATAL: #MED ALSO 177.5 2 35.50  TOTAL: \$124.25  TOTAL: \$124.25  Car Agenta: \$0.00  Associated #Meals 177.5 2 35.50  TOTAL: \$124.25  Car Rental: \$0.00  Also: \$40.00 85.00  Also: \$40.00 85.00  Also: \$40.00 85.00  Also: \$40.00 85.00  ANATE: \$40.00  DATE: \$40.00  DAT	Return date/time:	ميرير. July 17, 7:40	<sub>DM</sub>	for the a	urfore			
Amount per night: 169.00  Room tax per night: 17.32  # of nights: 1  TOTAL: \$186.32  # of nights: 1  TOTAL: \$186.32  TOTAL: \$186.32  # of nights: 1  # of nights: 1  TOTAL: \$186.32  # of nights: 1  # of nigh				10. MEALS:	Daily meal	per diem r	ate:	\$71.00
Room tax per night: 17.32   Lunch: (25%)   17.75   2   35.50   # of nights: 1'   Dinner: (50%)   35.50   2   71.00		11 <b>**</b> 11 <b>**</b> 11				Rate	# Meals	
# of nights:  1	Amount per night:	169.00	,	Breakfast: (25	5%)	17.75	1	17.75
TOTAL: \$186.32 / TOTAL: \$124.25  11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed).  Days @ \$31 plus tax, gas TOTAL: \$0.00 b. Shuttle willeage b. Shuttle willeage b. Shuttle c. Other (specify below)  13. TRAINING RELATED? (if yes, attach agenda)	Room tax per night:	17.32	,	Lunch: (25%)		17.75	2	35.50
11. CAR RENTAL: (See OAM 40.10.00.PO, Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed).  Days © \$31 plus tax, gas TOTAL: \$0.00 b. Shuttle growth should be should be reimbursed. (if yes, attach agenda) c. Other (specify below) c. Other (specify below) c. Other (specify below) d. 25.00 c. Other (specify below) d.	# of nights:	1	/	Dinner: (50%)		35.50	2	71.00
Section 115. The State has a price agreement with Enterprise Rent-A-Car. Optional insurance will not be reimbursed).  Days @ \$31 plus tax, gas		TOTAL: \$186.32					TOTAL:	\$124.25
14. STATUS:  Executive/Mgmt Svc:  AFSCME:  Other: Explain:  Transportation:  Lodging:  Meals:  S124.25'  15. TRAVEL AWARDS: Agencies are mandated to maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.  I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and alloted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.  18. EMPLOYEE SIGNATURE  DATE:	Section 115. The State Enterprise Rent-A-Car. reimbursed). Days @ \$31 plus tax	has a price agreement w Optional insurance will r , gas TOTAL:	vith not be \$0.00	expenses - a. Prival b. Shutt c. Other	taxis, shut te vehicle l le (specify b	ttles, phone mileage elow)	e, vehicle mile	0.00  25.00  60.00 -40.00
Executive/Mgmt Svc:  AFSCME: Other: Explain:  Other: Explain:  Transportation: Lodging: Meals: S124.25  Car Rental: S0.00  Misc: S40:00 85.00  Misc: S40:00 85.00  Misc: S40:00 85.00  TOTAL:  TOTAL:  TOTAL:  TOTAL:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  Transportation: S0.00  Car Rental: S0.00  Misc: S40:00 85.00  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  TOTAL:  16. ESTIMATED COST OF TRIP: Transportation: S0.00  Misc: S40:00 85.00  ABBIGURATURE  DATE:  DAT	☐Yes	□No		georgene				
maintain records on employee accumulation of travel awards as reported on their travel expense detail sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.  I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and alloted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.  DATE:  DATE	Executive/Mgmt Svc:			Transp Lodging	ortation:	OF TRIP:	\$186.32 \$124.25	
sheets. Travel awards include, but may not be limited to airline frequent flyer miles and hotel or car rental frequent customer awards or miles.  I certify that this trip is necessary and essential to the normal discharge of DEQ responsibilities; that required monies are budgeted and alloted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.  DATE:  D	maintain records on en	ployee accumulation of	travel		ntal:		\$ <del>40.</del> 00	85.00'
17. budgeted and alloted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00, and DEQ policy.  18. EMPLOYEE SIGNATURE  19. SUPERVISOR SIGNATURE  DATE:  DATE:  DATE:  DATE:  DATE:	to airline frequent flye frequent customer awa	r miles and hotel or car r ords or miles.	ental					
19. SUPERVISOR SIGNATURE  20. DA/EMT SIGNATURE  DATE:  DATE:	17. budgeted and alloted	for expenditure; that th						
20. DA/EMT SIGNATURE  DATE:  DATE:  DATE:	- Stat	M				- 4	12/12	
21. MSD DA SIGNATURE //// // // // // DATE: 7//3/tem/1/000043		-	1			DATE:	(1)	N \$ 1235
1 1	21. MSD DA SIGNATURE	MA				DATE: 7	13tem/1 <del>700</del>	<del></del> <del>00</del> 43

Out-of-State Travel Authorization Form.xlt Email sent 7/16/12. 292.40

jleber 9/2008

Attachment C March 20-21, 2013, EQC meeting Page 39 0 10 10 10 12 7 25 3

D'

### STATE OF OREGON

TRAVEL EXPENSE DETAIL SHEET 2. Agency 1. Name of Employee 7,2012 N Coast and Bend DEQ Dick Pedersen 5. Division/ Work Unit 6, Regular Schedule Work Shift 4. Official Station HQ / Portland □##8am-5pm # Other Unrepresented Management Servic Executive Se. Jice Board/Commissid... Volunte Bargaining Unit Name 12. Individual Meal Reimbursement 14. Total Meals and Lodging Per Dlem/ Lunch Lodging Destination Breakfast Time of Date Time of Hourty Departure Arrival Mowani 131.00 169.25 08/18/12 38.25 12.75 25.50 ۶<del>7:30am</del> Travel to Astoria ょろ」/51 131.00 51.00 12.75 25.50 182.00 .08/19/12 12.75 12.75 2<del>5.50</del> 25:50 SI.00 12.75 25,50 06/20/12 Finish at N Coast 7 Øpm 51.00 7,000 T 7<u>41.50</u> 71.00 47.00 46.00 25.00 4 £6723/12 Work from N Coast 10,5/51, 542,00 28*128*0 1130 14-44-50 25.00 🛆 46.00 71.00 81.00 Q8/24/12 Lincoln County 129.00 -Travel to Bend 114/6 61.00 30.50 190.00 10:30 15.25 15.25 **₽**6/25/12 129.00 30.50 15.25 15.25 prov 159.50 **96726/12** 45.25 30.50 Q6/27/12 Return To Portland 15.25 prov 15.25 8pm prov 30.50 A Spent the night in newport (Lincoln Country). 930,251 340.25 193.50 70.00 94.75 570.00° \$883:50 15. Totais 79:00 142.75 313.50 Private Car Miscellaneous Expenses Training Rate Per Mile Amount Date Fares, Private Mileage, Room Tax, Telephone, Other Expensés Related? **Accounting Codes** Personal Vehicle Mileage 0.555 14010-41004 <del>26:200-</del> Hotel Tax Astoria 26.20 4101 360.25 25.800 Hotel Tax Bend 25.80 4106 622,00 a over per dien room rate was approved by Jone Harmond. 52.00 \$0.00 23. Section Total 24. 1 did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) 982,157 \$<del>883.50</del> Travel was to attend meetings with Sen Johnson and meet with 26. Grand Total Amount various city officials and community people in the Astoria area. Dick 27. Travel Advance Amount also visited many restoration sites along with Commissioner 982,25 \$<del>883.50</del>火か Armstrong in the Tillamook area. Dick then travelled to Bend to 28. Amount Due Employee/State speak to the Bend office about Budget & Legislature, then spoke at 29. Received Training Conducted Training the ACM/A conference and met with various city officials. 31. Title Date I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 08/03/12 Director part thereof has been heretofore claimed or will be claimed from any other source. 33. Title 32. Approved By certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period

covered and have been allotted for expenditure.

V for dup.

Attachment C
March 20-21, 2013, EQC meeting
Page 40 1070127253

#### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 2. Agency Dick Pedersen 8.2012 Medford Coos Bay Budget DEQ 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift HQ / Portland ☑ # Other ##8am-5pm OD Unrepresented Menagement Servic Executive Se\_lice Board/Commissid Volunte Bargaining Unit Name **AFSCME** Other Individual Meal Reimbursement 14. Total Time of Date Time of Destination Per Diem/ Breakfast Lunch Lodeina Meals and Lodging -Departure Arrival Hourly Allowance 08/05/12 12:00pm 42.00 14.00 28.00 Travel to Medford 82/56 80.00 122.00 08/06/12 Travel to Coos Bay 77/46 46.00 11.50 11.50 23.00 77.00 123.00 / 11.50 08/07/12 6:30pm Return to Portland 46.00 11.50 23.00 46.00 15. Totals 134.00 23.00 37.00 74.00 157.001 \$291.00 ~ Private Car Miscellaneous Expenses Training Accounting Codes Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Miles Rate Per Mik Amount Personal Vehicle Mileage 14010-41004 0.555 Hotel Tax Medford 8.00 4101 134,00 Hotel Tax Coos Bay 4106 171.16 6.16 \$14.16 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent fiver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$305.16 <sup>^</sup> Travel was to visit Medford, Coos Bay and Eugene offices to meet 26. Grand Total Amount with staff and go over Budget and Legislation 27. Travel Advance Amount \$305.16ゥ<sup>とイ</sup> 28. Amount Due Employee/State 29. Received Training Conducted Training Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 08/08/12 part thereof has been heretofore claimed or will be Director claimed from any other source. 32. Approved By 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C March 20-21, 2013, EQC meeting A)10R0127253

### STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee DEQ 8.12 ECOS Colorado Springs Dick Pedersen 5. Division/ Work Unit 4. Official Station HQ / Portland □## 8 am - 5 pm OD Board/Commissid... Volunte Executive Se\_lice Unrepresented Management Servic **AFSCME** Other Bargaining Unit Name 14. Total Individual Meal Reimbursement 11. Meals and Lodging Lodging Date Time of Destination Per Diem/ Breakfast · Lunch Dinner Time of Hourly Departure Arrival 83/66 126.00 175.501 Travel To Colorado Springs / ECOS 49.50 16.50 33.00 6:40am 08/26/12 Ā 33.00 prov prov 33.00 126.00 159.00 1 08/27/12 126.00 -126.00 DIOV prov prov 08/28/12 01 33.00 1 33.00 -33.00 8:30pm Return to Portland prov prov 08/29/12 A Aver per diemiroom rate was approved by gone Hammond \$493.50 99,00 378.00 16.50 15. Totals 115.50 19. Private Car Miscellaneous Expenses Training Related? Rate Per Mile Amount Fares, Private Mileage, Room Tax, Telephone, Other Expenses Accounting Codes 605.42 0.555 Personal Vehicle Mileage 10001-42004-1328 miles one way/ 2656 Round Trip M20000  $2656 \times \$.555 = \$1,474$ Flight cost = \$605.42 4432 115,50 4434 413,52 35.52 Hotel Tax 4453 605.42 \$640.94 did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$1.134.44^ 26. Grand Total Amount Travel was to attend the Enviornmental Council of the states (ECOS) Annual mtg August 27-29, 2012, in Colorado Springs CO. Dick 27. Travel Advance Amount represents the state of OR and is also Vice-President Elect. Dick drove his personal vehicle. ECOS said they would reimburse mileage \$1,134.447<sup>27</sup> 28. Amount Due Employee/State up to the cost of a flight to/from meeting. Flight cost is attached. 29. Received Training Conducted Training Date 31. Title 30. Signature of Employee certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 09/19/12 Director part thereof has been heretofore claimed or will be claimed from any other source. Date 32. Approved By 33. Title I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure. PVM rec.; 05 rec. (1)\$1,134.44 (\$1,134.44) Reimbursed by outside party. Sie next page.

Travel Expense Claim vit (12/09) jleber

		ECOS TRAVE	EL REIMBUR	ECOS TRAVEL REIMBURSEMENT FORM					
ADDRESS				Instructions:					
Name	Dick Pedersen			***	*****PLEASE COMPLETE ELECTRONICALLY********	PLETE ELECTRO	ONICALLY	****	
01:00	Organia DEO			Type in the regu	Type in the requested information. Calculations will be done automatically.	Salculations will	be done auton	natically.	
	סון			Please mail a sir	Please mail a signed hard copy of this completed form and corresponding	is completed for	rm and correct	ondina	
Address 811 \$	811 SW 6th Ave			original rocointe	rease man a signed mand copy of any completed formating conscious		for reimbrines	Sugar Bout	
City/State/ZIP   Portli	Portland, OR 97204			Mail to	וסו שוו וובוווס קלט שווו		acinaminat loi o	1110111	
•	503-229-5300			ECOS.					
•	503-229-6730			50 F St NW	•		-		
	TOOL DISK SACTOR	01, 30		Suite 350					
	ר בחברא בייי בייה (שטפעי אימופי טו יט	sn.io.		Washington, DC 20001		Phone: (202) 266-4920			•
Meeting Name: Annual Environmental Council of the	uncil of t	ne States Confere			-				
Meeting Location: Colorado Springs, CO		:							
Travel Start and End Dates and Times: August 26,		2012, 6:40am; Auc						1	
である。 「大きないない。」では、「大きないというない。 では、大きないというない。 では、大きないは、「ないない」というない。 では、「ないないない」というない。 では、「ないないない」というない。 では、「ないないないない。」というない。 では、「ないないないない。」というない。 では、「ないないないない。」というない。 では、「ないないないないない。」というない。 では、「ないないないないないない。」というない。 では、「ないないないないないないないない。」というないないない。 では、「ないないないないないないないないないないないないないないないないないないない			OCCUPACION AND OCCUPACION OCCUPAC	Dave Branch	は意外は大変ではあった。	C CAN SWEET	Dov o	TOTALS	
	Enter	ate: Enter Date: E	ay.+ nter Date - Er	iyo iter Date - Enter	. o	Enter Date	)ate		
Dates of Trio (m/d/v):	12 8/27/	~ ~	8/29/2012[	e de la companya de l	Service of the servic	Control of the second of the s			
'Air/Train Eare' - A State Sta	\$605.42							605.42	
Dersonal Carleignes								SHEET STREET	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						TO CONTRACTOR OF THE PARTY OF T	
ואוועשמעל ביוסוסעת		1	,	•		•	E E	***************************************	
laxi/van/Metro								ı	
					A Section of the Sect				
Subtotal	A. S.	を言うないる	是國家大陸的意思	のできる。一般などのできれる		語が必要を含	可能等于	\$ 605.42	
MEALS & INCIDENTALS (M&IE): See GSA page for per diem rates:	e GSA page for per diem rate		tp://www.qsa.	gov/Portal/gsa/e	http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA	ontentType=G8	SA BASIC&		
Breakfast	provided	provided	provided					1	
	16.50 provided		provided					18.50	Ţ
	╂		33.00					99.00	,
									_
total	45.75	<b>发生的现在分词</b>	○ 33:00 <b>○</b>	975 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				\$ 115.50	_,
HOTEL AND OTHER (Please specify "other" charges)	"other" charges)		-				-		
Hotelを表といるという。	137.84 137.84	137.84						413.52	
Bad Obeck						The state of the s			
									,
i.	F F 137.84 1 137.84	137.84	は他のないのは	を決するがある。	7.84 10 137.84		A SOUTH AND THE	٠	1
GRAND TOTAL AMOUNT OWED		٠.			/	1 1		\$ 1,134.44	<u> </u>
* current rate is	0.510 permile				7	7		,	
I certify that the above claim is correct and in accordan		h ECOS Travel	I Policy (Pleas	ce with ECOS Travel Policy (Please sign and date):	\. \.	X / ,		· \	•
Make Check Payable To: Oreg									
Mail Check to :			Above Address (N	Above Address (NEW USERS ONLY)	Ŀ		OFFICE USE	ONLY	٠
			•		_1_		APPROVED		
M&IE Breakdown	\$46 \$51	\$56	\$61		\$71	A 91.4 4 7.7			,
Breakfast		<b>o</b>	9	<del></del>	12		CODE		
Lunch	•	<u>რ</u>	15	9	<u>1</u> 8			***************************************	
Dinner	23 26	29		34	36 5	0	CTECX#		
Incidentals	വ	٠. ص	ഹ	ហ	ry L	っつう			
Travel Reimbursement Form Oct07.X	\$1								

Attachment C
OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
March 20-21, 2013, EQC meeting
OUT-OF-STATE TRAVEL AUTHORIZATION

<u> </u>	001 01 017/12 11	0111011				
1. NAME OF EMPLOYEE:		OFFICIAL STAT	ION:		3. REQUEST #:	
Dick Pedersen	DEQ / HQ	· · · · · · · · · · · · · · · · · · ·	le en Wei	U.C.T.C.L.C.L.T.	52-13	
4. AGENCY ACCOUNTING INFORMATION (fund 10001-42004-M20000	code or Q-Time num	ber):	5. IKAVEL   ☑Y		ION ATTACHED? □ No	
	clude dates/time	s of mosting or	conforanc	<u>^^)</u>		
Dick will be attending the Annual Environmental		_		· ·	2012 The cont	foronco will bo
held in Colorado Springs, Colorado. Dick is the		` '		•	•	erence wiii be
					•	
	,					•
·						
7. ITINERARY:		8, TRANSPORT	ΓΑΤΙΟΝ:	(Airfare, t	rain fare or sta	te motor
Destination city/state: Colorado	Springs, CO	pool vehic	le (circle c	ne). For re	ental cars, see	#11,
		for misc. g	round tran	sportation,	see #12)	
Departure date/time: August :	26, 6:30am					
					TOTAL:	\$606.00
	29, 8:30pm	-				
9. LODGING: Lodging per diem rate:	83.00	10. MEALS:	Daily mea	l per diem i	ate:	\$66.00
Over per diem room	• •			Rate	# Meals	Total
	26.00	Breakfast: (2	5%)	16.50	3	49.50
rate was approved by			-			
Room tax per night:	11.84	Lunch: (25%)		16.50	4	66.00
Jone Hammond.						
# of nights:	3	Dinner: (50%)	+	33.00	4	132.00
TOTAL	42.52/				TOTAL	62 (7 50
TOTAL: \$4	13.52				TOTAL:	\$247.50
44 CAR RENTAL: (Car 0411 40 40	00.00	40 WCCELL	IFOLIC COC		0.1	<i>c</i> : -
11. CAR RENTAL: (See OAM 40.10	,	12. MISCELLAI			(Identify speci	
Section 115. The State has a price agree		expenses -	taxis, snu	ttes, pnone	e, vehicle milea	age, etc.)
Enterprise Rent-A-Car. Optional insurance	e will not be	a Driva	te vehicle	milongo		0.00
reimbursed).  Days @ \$31 plus tax, gas TOTA	AL: \$0.00	b. Shutt		inteage	(# of miles)	0.00
	70.00	曲	(specify b	aloud	-	
13. TRAINING RELATED? (if yes, attach a	genda)	- C. Odlei	(specify i	Clowy	-	
10. Hounted REENTED: (If you, account	agenau)				TOTAL:	\$0.00
⊠Yes □ No					=	
1 <u>4.</u> STATUS:						
Executive/Mgmt Svc:		16. ESTIMA	TED COST	OF TRIP:		
AFSCME:		Transp	ortation:		\$606.001	
Other: Explain:		Lodging	g:		\$413.52	- 151
		Meals:			\$247.50	
15. TRAVEL AWARDS: Agencies are man		Car Rei	ntal:		\$0.00	
maintain records on employee accumulat		Misc:		٠ .	\$0.00	
awards as reported on their travel expens						لنهما
sheets. Travel awards include, but may n		TOTAL		,	\$1,267.02	161
to airline frequent flyer miles and hotel o	r car rental	[ ]				
frequent customer awards or miles.						Destruction of
I certify that this trip is necessary and e						
17. budgeted and alloted for expenditure; t	nat the trip meets	all the requiren	ients mand	ated by ORS	292,230, OAM I	Policy
40.10.00, and DEQ policy						
18. EMPLOYEE SIGNATURE	$\mathcal{A}$			DATE:	9.15 0	
19. SUPERVISOR SIGNATURE				DATE:	1/-12	
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20. DA/EMT SIGNATURE /	,			DATE:		1 1 11 11
24 HCD DA CICNATURE / LATE	<i>- ///</i>		<del></del>	DATE: (	2 /40 11/000	040
21. MSD DA SIGNATURE	//	<del>-</del>		- V	1/23///	ا سـ
Out-of-State Travel Authorization Form.xlt		1,134.44	•		/ -//	eber 9/2008
					•	

Attachment C March 20-21, 2013, EQC meeting Page 44 ( 10R 0127253

# STATE OF OREGON



TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency 10.8 OFIC Bend Dick Pedersen DEQ 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift HQ / Portland ☐##8am-5pm ☑ # Other Executive Sellice Volunte\_\_\_\_ Unrepresented Management Servic **AFSCME** Other Bargaining Unit Name 12. Individual Meal Reimbursement 13. 14. Total Meals and Lodging Per Diem/ Breakfast Lunch Dinner Lodging Date Time of Time of Destination Hourty Departure Arrival Allowance 73.80 73.80 10/08/12 7am Travel to Bend 89/61 01 prov prov 45.75 1 15.25 15.25 10/09/12 45.75 5pm Return to Portland 15.25 \$119,55 15.25 15.25 73.80 1 15. Totals 45.75 15.25 19. Private Car Training . Miscellaneous Expenses Accounting Codes Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles Amount Personal Vehicle Mileage 0.555 14010-41004 7.38 Hotel Tax 4101 22.87 4101, 40.59 4431 22.88 4433 40.59

		1		•			ł		1	
Totals	124.93							23, Section T		\$7.38
24. I didiwiⅡ di	not/will n	ot acce	ept travel awards a	s a result of, or asso	ciate	d with this state	e business	trip. Compi	etion of this	block is
mandatory. Travel exp	ense reimbu	rsement clai	ms will not be proc	essed if this block is	left b	olank. Travel a	wards incl	ided, but ma	ay not be lim	nited to , airline
frequent flyer miles and	hotel or ca	rental freque	ent customer awar	ds or miles. Review	instr	uctions on reve	rse of the	form.		
25. REASON FOR TRA	VEL: (Be s	pecific.)								/
Travel was to atten	d the Ore	on Forest	Industries Con	ference in	26.	Grand Total A	mount		\$1	26.93
Bend. Dick was pa						•			•	
	27	Travel Advance	ce Amount							
ruesday was spend meeting with the bend bed onice stan over								······································		~/
current issues and	topics.				20	Amount Duo E	-malayee!	Stata	. \$1	26.93 n
				<b>a</b>		Amount Due E				20.30
						Received Trai	ining	Conduc	ted Training	
certify that all reimbursem	ents claimed	reflect actual	30. Signature of	/Employee	31.	Title				Date
duty required expenses or a part thereof has been her claimed from any other source	etofore claime		Du	h		Di	irector		10	)/11/12 ·
•		3,0000	32. Approved By	1	33.	Title				Date
certify that the above claim duty required expenses. Fun are available in the appro- covered and have been allott	ds for paymer red budget fo	t of this claim or the period	4/2/6	hy		MSD Ac	dministrato	Г	10	/17/12
		(	1 for	1K.1VEZS	6/	/			<u> </u>	***************************************

Attachment C March 20-21, 2013, EQC meeting Page 45 (9648) | OR 0127253

### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

1	

TRAVEL EXPENSE DETAIL SHEET 1. Name of Employee 2. Agency DEQ 10.2012 EQC Bend Dick Pedersen 6. Regular Schedule Work Shift 5. Division/ Work Unit 4. Official Station HQ / Portland □##8am-5pm # Other OD Board/Commissid Volunte Unrepresented Management Service Executive Sellice **AFSCME** Other Bargaining Unit Name 10. 12. Individual Meal Reimbursement 13. 14. Total 11. Per Diem/ Lodging Meals and Lodging Destination Lunch Date Time of Time of Hourly Departure Arrival Mowano 134.75 30.50 15.25 89.00 10/25/12 Travel to Bend 45.75 9am 89/41 119.50 10/28/12 30.50 30.50 89,00 4 ргоу prov 15.25 15.25 Return to Portland 15.25 10/27/12 prov prov 5pm 24 178.001 \$269.50 15. Totals 91.50 15.25 76.25 Training Private Car Miscellaneous Expenses Rate Per Mik Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses **Accounting Codes** 0.555 Personal Vehicle Mileage 14010-41004 17.80 Hotel Tax 4101 91,50 4106 195.80 23. Section Total \$17.80 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline. frequent fiver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form. 25. REASON FOR TRAVEL: (Be specific.) \$287.30 Travel was to attend the EQC Meeting being held in Bend October 25-26. Grand Total Amount 26, 2012. There was also a town hall style meeting the evening of Travel Advance Amount October 24. \$287.30 ባ<sup>ኒሳና</sup> Amount Due Employee/State 29. Received Training Conducted Training Date 31, Title 30. Signature of Employee certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no Director 10/11/12 part thereof has been heretofore claimed or will be claimed from any other source. 33. Title Date certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim -MSD Administrator

are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C
March 20-21, 2013, EQC meeting
Page 4R0A910R0127253
STATE OF OREGON
TRAVEL EXPENSE DETAIL SHEET

77.5
/ Y 0
2. /2-4-5
1 X 45 V 5 45 V 40
W. W. T.
1073665 335663A 6-7
A PROPERTY OF
MARKET AND
T ( 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
V. V. S. S. S. S. S. S.
A 7-14-
~L8B2~

1. Name of Employee Dick Pedersen DEQ 11.2012 Medford 4. Official Station 5. Division/ Work Unit HQ / Portland ☑ # Other □## 8 am - 5 pm OD Unrepresented Management Servic Executive Selice Board/Commissid Volunte.\_\_\_\_ Bargaining Unit Name AFSCME Other Individual Meal Reimbursement 14. Total 11. Per Diem/ Lodging Meals and Lodging Date Time of Time of Destination Breakfast Lunch Departure Hourly Arrival Allowanc 28.00 4 28.00 80.00 108.00 11/06/12 5:30pm Travel to Medford 82/56 56.00 🖊 80.00 136,00 11/07/12 14.00 14.00 28.00 80.00 136.00 4 11/08/12 56.00 4 14.00 14.00 28.00 80.00 136.00 56.00 14.00 28.00 11/09/12 14.00 42.00 / 11/10/12 42.00 4 14.00 14.00 14.00 2pm Return to Portland 320.00 \$558.00 Totals 238.00 56.00 56.00 126.00 Training Private Car Miscellaneous Expenses **Accounting Codes** Date Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles Amount Personal Vehicle Mileage 0.555 14010-41004 32.00 Hotel Tax 4101 238.00 352.00 4106 \$32.00 Totals 590.00 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travet expense reimbursement claims will not be processed if this block is left blank. Travet awards included, but may not be limited to, airline frequent fiver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$590.00 Travel was to visit with the Medford office, go on field tours and visit Grand Total Amount with local legislators. Dick was able to meet with Rep Buckley, Sen 27. Travel Advance Amount Bates and Rep Esquival. \$590:00 ਐ<sup>//</sup> 28. Amount Due Employee/State 29. Received Training Conducted Training Signature 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 01/02/13 Director part thereof has been heretofore claimed or will be daimed from any other source. 32. Approved By 33. Title certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure.

The other was

Attachment C
March 20-21, 2013, EQC meeting
Page 47 (R4A) 10120127253

### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee 11/2012 Seattle Dick Pedersen DEQ 5. Division/ Work Unit 4. Official Station HQ / Portland 回## 8 am - 5 pm # Other OD Board/Commissid Unrepresented Management Service Executive Serice ## Volunte. **AFSCME** Other Bargaining Unit Name 12. Individual Meal Reimbursement 14. Total Per Diem/ Lodging Meals and Lodging Time of Time of Destination Date Hourly Departure Arrival Allowance 190.25 Travel to Seattle 137/7/ 17.75 35.50 137.001 11/19/12 8am 53.25 71,00 17.75 35.50 71.00 < Return to Portland 17.75 11/20/12 9 pm 137.00 \$261.251 124.25 17.75 35.50 71.00 17. Private Car Training Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses Rate Per Mile Date Related? Amount Accounting Codes 0.500 Personal Vehicle Mileage 14010-41004 23.37 **Hotel Tax** 4151 124.25 122.00\* Train 4150 160.37 4160 122.00 23, Section Total \$145.37 24. I did/will did not/will not accept travel awards as a result of, or associated with this state business trip. Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$406.62 Travel to Seattle was to attend the Pacific Northwest Director's 26. Grand Total Amount meeting held at the Seattle EPA Offices. 27. Travel Advance Amount \$406.62 n 28. Amount Due Employee/State 29. Received Training Conducted Training Date 31. Title I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 11/21/12 Director part thereof has been heretofore claimed or will be claimed from any other source. 32. Approved By 33. Title I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure.

Attachment C March 20-21, 2013, EQC meeting Page 48 0749 10 RO 127253

## STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

				T12 .	<u> </u>		3. Period (Md	2 <u>3/</u> .\/	<u>/ア ७ ७:</u>	<u> 5463</u>	
1. Name of E	, ,			2. Agency			3, Period (Mo	onth and Yea	if)		
4. Official Sta		Pedersen		DE: 5. Division/ Work Unit	Q		6. Regular S		112 Tribal Su	mmit N Ben	<u>d</u>
HQ / Portla					_	-	]				
7. Unrepre	esented []	Manage	ment Servid	O[ Executive Sellice] #	# Board/	≃i Liceimmissid	4##8am-5	opm ⊑ VotunteL	]#Other	<del>-</del>	to _
Romai	ning Unit Name	$\equiv$	_		Other	П	—		-		
Danger	T T	<u>'L-L</u>	<del></del>	OO:WIL		<u> </u>			1		
8. Date	9. Time of Departure	10. Time of Arrival	11.	Destination	12. Per Diem/ Hourly Allowance	Individu Breakfast	ual Meal Relmi Lunch	bursement Dinner	13. Lodging		4. Total and Lodging
11/27/12	1pm		Travel to No	rth Bend 77/4/	23.00	1		23.00	77.00 /	1	00.00
11/28/12					34.50	11.50	prov	23.00	77.00	1	11.50
11/29/12					23.00 <	prov	prov	23.00	77.00		00.00
11/30/12		6pm	Return to Po	rtland	34.50	11.50	11.50	11.50,			34.50 🖊
	<u> </u>						<u> </u>	ļ	<u> </u>		
	ļ		ļ				<u> </u>	ļ	ļ		
	ļ		<u> </u>	<del> </del>			<b></b>	ļ <u>.</u>	<u> </u>		
			<del>                                     </del>		1			<b> </b> -	ļ ·	<del>                                     </del>	
			<del>                                     </del>				ļ	<del> </del>	<u> </u>	<del> </del>	
	<del> </del>				- <b> </b>			<del> </del>	<del> </del>	-	
<u>-</u> .	<del> </del>						<del> </del>	<del> </del>			
<u>-</u>	<del> </del>	<del>                                     </del>			+		<del> </del>	<del> </del>		<u> </u>	
		<b> </b>		Market transcription to the state of the sta	1						
				15. Total	s 115.00	23.00	11.50	80.50	231.00	\$3	346.00
16.			17. 1	18.	9 110.00			19.	20	1	22.
•			1 1	Miscella	neous Expense			Training		Private Car	
	counting Cod	ies T	Date C	Fares, Private Mileage, Roo Personal Vehicle Mile		one, Other E	xpenses	Related?	Rate Per Mile	Miles	Amount
14010-	41004	<del> </del>	<del>  </del>	-6120tial vehicle isinc	aye	-		<del> </del> -	0.000	<del> </del>	<del>                                     </del>
	J4101	115.00		Hotel Tax				<b></b>	<b></b>		18.48
		249.48		10101 147	•						1711
	1020	26 7 7 7 7 7				***					
		· 1		<del></del>				<u> </u>			
								T			
	Yotals	36-1.48							23. Section To	otal	\$18.48
	vill di Travel exp	d not/will n ense reimb	iotacce ursement clai	ept travel awards as a res ims will not be processed i ent customer awards or m	if this block i	is left blanl	k. Travel a	wards incl	uded, but ma	etion of this ay not be lim	block is
25. REASO	ON FOR TRA	AVEL: (Be s	specific.)			Y HIOU MO	<u>//// 011 10 10 10 10 10 10 10 10 10 10 10 10</u>	100 01 010	TOTTI.		/
			attend the	Annual Tribal Summil	ŧ	26. Gr	and Total A	mount		\$3	64.48
Novembe	er 28-29, 2	<u>'</u> 012.				27. Tra	avel Advand	ce Amoun	<u>t</u>		
				•		28. An	nount Due E	Employee/	State	· \$3	64.48 ½ T
					•	29. Re	ceived Trai	ining	Conduct	ed Training	
	all reimbursem			30. Signature of Emplo	yee	31. Titl	le			٠ . ا	Date
part thereof I	expenses or a has been her any other source	retofore claime		Lich			Di	irector		12	<u>1</u> /03/12
*** ** ***				32. Approved By	<u></u>	33. Titl	ie			ī	Date /
duty required a are available	ne above claim expenses. Fur in the appro	nds for paymer ved budget fo	nt of this claim for the period	MI			MSD A	dministrato	)ſ	12/	4/12
oveted and u	ave been allott	eo tot exbeudi	rure.	KAHMIT TO							/

Attachment C March 20-21, 2013, EQC meeting Page 4070107253

### STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET



1. Name of Employee Dick Pedersen DEQ 12.2012 Bend 4. Official Station 5. Division/ Work Unit 6. Regular Schedule Work Shift HQ / Portland □##8am<u>-5pm</u> ☑ # Other OD to Volunte.... Unrepresented Management Servic Board/Commissid... Bargaining Unit Name AFSCME Other 11. Individual Meal Reimbursement 14. Total Date Per Diem/ Time of Time of Destination Breakfast Lunch Dinner Lodging Meals and Lodging Departure Arrival Hourly Nowance 12/07/12 4pm 30.50 89.00 Travel to Bend 89/61 30.50 119.50 4 prov 12/08/12 Return to Portland 45.75 15.25 15.25 15.25 45.75 6pm \$165.25 89.00 4 15. Totals 76.251 15.25 15.25 45.75 Miscellaneous Expenses Training Private Car **Accounting Codes** Fares, Private Mileage, Room Tax, Telephone, Other Expenses Related? Rate Per Mile Miles Amount Personal Vehicle Mileage 14010-41004 0.555 Hotel Tax 11.57 / 4101 76,25 4106 100,57 \$11.57 24. 1 did/will did not/will not did not/will not/will not did not/will not did not/will not/wil mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to, airline frequent fiver miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.) \$176.82 <sup>^</sup> Travel was for Dick to present at the Cattlemen Association 26. Grand Total Amount Conference Held in Bend, Oregon, December **?**, 2012 27. Travel Advance Amount \$176.82 1<sup>th</sup> 28. Amount Due Employee/State Conducted Training 29. Received Training 30. Signature of Employee 31. Title Date certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no 12/12/12 Director part thereof has been heretofore claimed or will be claimed from any other source. 32. Approved By 33, Title Date I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim MSD Administrator are available in the approved budget for the period covered and have been allotted for expenditure.